



## CLASS A VOLUNTEER BACKGROUND REQUEST FORM

(Form should be completed by ALL Head of Delegation, Head Coaches, Assistant Coaches, Adult Unified Partner and designated volunteers )

Return to: Special Olympics DC, 415 Michigan Ave. NE, Ground Level, Washington, D.C. 20002  
or email to [mjohnson@specialolympicsdc.org](mailto:mjohnson@specialolympicsdc.org)

### \*Fields required for submission -- Volunteer Type

\*  Head of Delegation  Head Coach  Asst. Coach  Unified Partner  Volunteer \_ Board

\*First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

\*E-mail address \_\_\_\_\_

\*Date of Birth: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Male/Female \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Shirt Size – male adult sizes only

\*Phone: Home ( ) \_\_\_\_\_  2X-Large  X-Large

\*Work ( ) \_\_\_\_\_  Large  Medium  Small

\*Employer/School Name: \_\_\_\_\_ \*Occupation: \_\_\_\_\_

Qualifications: (Prior experience with Special Olympics, volunteer work with other non profits, certifications)

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Name, Relationship, Phone) \_\_\_\_\_

\_\_\_\_\_

### **Please Read Before Signing:**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information requested by this application. I understand that Special Olympics DC (SODC) may refuse to allow me to volunteer if I provide any incorrect information or omission.

I give SODC permission to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. I understand that this information will be used to determine my volunteer position with SODC and that as long as I remain a volunteer with SODC, the criminal history records check and motor vehicle driving records check may be repeated at any time and will be repeated in three years if I am an active volunteer at that time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by SODC.

I waive, release and discharge SODC, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with SODC conducting a criminal history records check or motor vehicle driving records check on me. I understand that I will be using facilities at my own risk and I, on my own behalf, hereby release, discharge, indemnify and hold harmless SODC from all liability for injury or accident to person or damage to my property.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SODC or at my option and that SODC may, in its sole discretion, decline to accept my application for volunteering with or without cause.

I grant SODC and Special Olympics, Inc. (SOI) permission to use my likeness, voice, and words in or on television, radio, film, and on SODC and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In the course of volunteering for SODC I may be dealing with confidential information regarding athletes and volunteers information and I agree to keep the information in the strictest confidence.

In consideration of participation in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risk of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all risks and all responsibility for losses, costs, and/or damages may incur as a result of my participation. I acknowledge that at any time if I feel conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I release, indemnify, covenant not to sue, and hold harmless Special Olympics DC, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, sponsors, advertisers, and, if applicable, any owners and lessors of the premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I may incur as a result of participation in Unified Sports® events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

In signing this application, I have read the foregoing information, and I agree to comply with the Volunteer, Coach, Unified Partner Code of Conduct and all Special Olympics rules and regulations of the organization.

**\*Volunteer's Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**\*Printed Name:** \_\_\_\_\_

<i>For office use only code</i>
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*(Revised July 2020)*