

# Class A Volunteer Registration Packet

## HOW TO SIGN UP:

1. Complete & return the enclosed forms
2. Complete a Photo ID Check
3. Take our Online Protective Behaviors Quiz

When the forms are complete, make a copy for your self and return the originals to our Recruitment Director via mail:

SOSC: Ranwa Nin El-khoury  
PO Box 520742  
Longwood FL, 32752-0742

Cell: 407-929-7254

Fax: 407-637-2370

RanwaNin@SpecialOlympicsSeminoleCounty.org

## FORMS ENCLOSED:

### **1. Class A Volunteer/Coach Registration Form**

This form is to be completed by the volunteer. Upon completion a photo ID check must be completed before it is submitted to our state office. From there each volunteer will have a background screening and will be notified once they are officially registered as a Special Olympics Florida Volunteer.

### **2. Volunteer/Coach Sports Interest Form**

This form will allow us to notify volunteers when a particular sports season that interests them begins.

## SOSC VOLUNTEER & COACHING OPPORTUNITIES

### **1. Head Coach (Class A Volunteer)**

Becoming a Head Coach of a sport requires the volunteer to run practices, take care of necessary paperwork, and requires the volunteer coach to get certified within a year of coaching a sport. Being a Head Coach requires a time commitment to the program and athletes- but is truly rewarding!

### **2. Assistant Coach/Sports Volunteer (Class A Volunteer)**

Assistant Coaches/Sports Volunteers are not required to get certified in a sport. They are only required to attend 75% of practices and they serve as an assistant to the Head Coach. That can include various duties from coaching the athletes to assisting with the paper work. This is a great position for volunteers who want to get a feel for coaching, the program, and the athletes.

### **3. Volunteer at Competitions/Events (Class B Volunteer)**

Volunteers at competitions help facilitate the competitions or special events. There are usually three levels of competitions per season: County, Area, and State; and 2-3 annual events per year. Volunteers are not required to have a knowledge or background in the sport/event they are assisting with.

### **4. Unified Partners (Unified Partner Registration)**

Unified Partners are non-intellectually challenged individuals that compete in a sport as a partner or on a team with a Special Olympics Athletes. This is a great opportunity for siblings to get involved with their special needs brother or sister; however, this position is not limited to just family members.



**Special Olympics**  
Florida  
Seminole County

**Special Olympics Seminole County**  
**Volunteer Sports Interest Form**

Please check **ONE** sport from each season that you would like to participate in, as well as all the position(s) you would like to serve. When a sport begins, we will send out a notice in our newsletter or we will contact you with details of the season.

**Return this form to the Recruitment Director via mail, fax, or email:**

SOSC: Nin El-khoury, PO Box 520742, Longwood FL, 32752-0742

Fax #: 407-647-2370, Cell # 407-929-7254, Email: RanwaNin@SpecialOlympicsSeminoleCounty.org

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Basic Availability: : \_\_\_\_\_

**Skills, Training, Etc.**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> CPR Certified           | <input type="checkbox"/> Sign Language                      | <input type="checkbox"/> First Aid Certified | <input type="checkbox"/> Lift 50 pounds   |
| <input type="checkbox"/> Microsoft Word          | <input type="checkbox"/> PowerPoint                         | <input type="checkbox"/> Microsoft Excel     | <input type="checkbox"/> Database program |
| <input type="checkbox"/> Able to work in the sun | <input type="checkbox"/> Officiating/Referee, Sports: _____ |  |   |

<b><u>Volunteer at Local Competitions/Events</u></b>	<b><u>Volunteer as a Coach, Assistant Coach, Unified Partner</u></b>									
<p>"Class B" Volunteers may serve as a game day volunteer or help out with special events. These competitions and events take place 5-8 times per year. Ideal for groups, organizations or individuals. Estimated 1-8 days/year.</p> <p><b><u>Basketball Championship</u></b> (Sept-Mar)  <input type="checkbox"/> Basketball</p> <p><b><u>Equestrian Championship</u></b> (Dec-May)  <input type="checkbox"/> Equestrian</p> <p><b><u>Summer Games</u></b> (Jan-May)  <input type="checkbox"/> Track and Field  <input type="checkbox"/> Soccer  <input type="checkbox"/> Volleyball  <input type="checkbox"/> Bocce (all ages)  <input type="checkbox"/> Tennis  <input type="checkbox"/> Cycling</p> <p><b><u>Aquatics Championship</u></b> (May-Sept)  <input type="checkbox"/> Aquatics</p> <p><b><u>Golf Championship</u></b> (May-Sept)  <input type="checkbox"/> Golf</p> <p><b><u>Fall Classic</u></b> (June-Nov)  <input type="checkbox"/> Bowling  <input type="checkbox"/> Softball  <input type="checkbox"/> Powerlifting  <input type="checkbox"/> Gymnastics  <input type="checkbox"/> Rollerskating</p> <p><b><u>Fall/Spring Cheer/Dance</u></b> (Oct-Apr)  <i>(Taken over by the City of Altamonte Springs)</i>  <input type="checkbox"/> Competition Cheerleading</p> <p><b><u>Miscellaneous</u></b>  <input type="checkbox"/> Fundraisers  <input type="checkbox"/> Banquets  <input type="checkbox"/> Special Events  <input type="checkbox"/> Mailers</p>	<p>"Class A" Volunteers serve on a more regular basis.</p> <ul style="list-style-type: none"> <li>• <u>Coaches</u> must get certified within a year of coaching a sport. <i>Estimated 2-4 Hours/week during 3 month sports season.</i></li> <li>• <u>Assistant Coaches</u> do not need to get certified in their sport and are only required to attend 75% of practices. <i>Estimated 2 hours/week during 3 month sports season.</i></li> <li>• <u>Unified Partners</u> act as peers and compete along side our athletes on a team <i>Estimated 2 hours/week during 3 month sports season.</i></li> </ul> <p><b><u>Basketball Championship</u></b> (Sept-Mar)  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p><b><u>Equestrian Championship</u></b> (Dec-May)  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p><b><u>Summer Games</u></b> (Jan-May)  Track and Field  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach</p> <p>Soccer  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p>Volleyball  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p>Bocce (all ages)  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p>Tennis  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p>Cycling  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p> <p><b><u>Aquatics Championship</u></b> (May-Sept)  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach</p> <p><b><u>Golf Championship</u></b> (May-Sept)  <input type="checkbox"/> Head Coach  <input type="checkbox"/> Assistant Coach  <input type="checkbox"/> Unified Partner</p>									
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		<p><b><u>Volunteer as a Committee Member</u></b>  Estimated 2-4 Hours/week for 4-12 months  Paperwork Required: Class A Form &amp; Protective Behaviors Quiz</p> <table border="0"> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Athlete Recruitment</td> </tr> <tr> <td><input type="checkbox"/> Marketing</td> <td><input type="checkbox"/> Athlete Leadership</td> </tr> <tr> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Sports/Competition</td> </tr> <tr> <td><input type="checkbox"/> Volunteer Management</td> <td></td> </tr> </table>	<input type="checkbox"/> Finance	<input type="checkbox"/> Athlete Recruitment	<input type="checkbox"/> Marketing	<input type="checkbox"/> Athlete Leadership	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sports/Competition	<input type="checkbox"/> Volunteer Management	
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**SPECIAL OLYMPICS FLORIDA**  
**CLASS A VOLUNTEER REGISTRATION FORM – Version 7.09**

**ALL APPLICANTS MUST SHOW A PHOTO ID AT TIME OF REGISTRATION**

*Form must be filled out completely – incomplete forms will be returned. Please print legibly.*

**Part I – General Information**

COUNTY VOLUNTEERING IN:		School/Agency (if applicable):	
Male / Female <i>Please circle answer</i>		Coach? Yes No <i>Please circle answer</i>	
Last Name:		First:	Middle:
Address:			
City:		State:	Zip Code:
Daytime Phone:		Evening Phone:	
Fax:		E-mail:	
Driver's License #: <i>Must provide License # to drive on behalf of Special Olympics. No learner's permits allowed.</i>			Issuing State:
Social Security #:		Date of Birth:	
Emergency contact:		Emergency Phone:	

*Special Olympics Florida reserves the right to deny any applicant who will not provide the necessary data required (Social Security Number and/or Driver's License Number) to conduct a criminal background check and/or driving record check.*

**Part II – Background Information**

Questions 1-6 must be answered:

1. Do you use illegal drugs?	Yes	No
2. Have you ever been convicted of a criminal offense?	Yes	No
3. Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?	Yes	No
5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
6. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?	Yes	No
7. Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No
If you answered YES to questions 1 - 7 please explain (use additional sheets of paper if necessary):		
<b>For Minors Only:</b> Applicants must submit two (2) non-family references for consideration by SOFL. See Page 3 of form.		

**SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY, ACCEPTANCE OF TERMS**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Florida may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics and volunteers is an "at will" arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for volunteer with or without cause.

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

The information that I have provided may be verified, and I give ongoing permission to Special Olympics Florida to make periodic inquiry of others, including, but not limited to, a criminal background check to determine my suitability to act as a Special Olympics volunteer, per Special Olympics' Volunteer Screening Policy. If a Minor: I understand that upon turning 18 years of age, I will be subject to a criminal background check (and any subsequent screenings thereafter) per Special Olympics' Volunteer Screening Policy.



**SPECIAL OLYMPICS FLORIDA**  
**CLASS A VOLUNTEER REGISTRATION FORM – Version 7.09**

**PAGE 2**

I understand that I have the right to be trained and should receive instruction prior to volunteering. As part of my training, I will attend a Special Olympics General Orientation Session.

I understand that if I am 16 years of age or older, I cannot commence Class A Volunteer duties until I have successfully completed the Special Olympics Protective Behaviors training: [www.specialolympics.org/protectivebehaviors](http://www.specialolympics.org/protectivebehaviors). I acknowledge that if I am under 16 years of age, I am not required to take the training, but may, if I so choose and I understand that a parent or guardian should be present while I take said training. I understand that I must take the Protective Behaviors training upon reaching 16 years of age.

I understand that in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of 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 (and/or my minor child) may incur as a result of my participation and/or criminal background check 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 Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

**VOLUNTEER CODE OF CONDUCT**

- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics Florida.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media. Profanity and taunting are subject to immediate ejection.
- I will provide for the general welfare, health, and safety of any Special Olympics Florida athlete(s) in my charge during the course of my assigned duties.
- I will respect the property of hotels, dormitories, schools, athletic, recreational and dining facilities.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances during any Special Olympics training or competition. Nor will I take part in smoking or chewing tobacco at any Special Olympics training or competition site except in designated areas.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Special Olympics athletes, staff, officials or other volunteers.
- I will abide by the Special Olympics policy on the prohibition of dating athletes.

The Code of Conduct is designed to assist each volunteer in abiding by the philosophy of SOFL and its mission. Any volunteer who does not follow this Code of Conduct can be prohibited from participation in this event. By signing this form and showing my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all releases and notifications and agree to adhere to said terms.

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

**Signature of Parent or Guardian if Volunteer is a Minor – under 18** (form has been explained to minor by parent/guardian):  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name of Parent or Guardian:** \_\_\_\_\_

**Please fill out all pages of this form and submit to your local county program.**  
**To find your local program, visit our website at [www.specialolympicsflorida.org](http://www.specialolympicsflorida.org)**

<b>For County Use Only:</b>	I performed a photo ID check <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have been shown proof of valid auto insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	For Minors: I have received the requisite two (2) references: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Shirt size:	Small	Medium	Large	Extra Large	XX Large XXX Large
Signature of County Coordinator/Volunteer Director:					Date:



**SPECIAL OLYMPICS FLORIDA**  
**CLASS A VOLUNTEER REGISTRATION FORM – Version 7.09**

**PAGE 3**

**REFERENCES FOR MINORS (APPLICANTS UNDER AGE 18)**

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years old.

**Reference #1**

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (“Applicant”) in either a personal or professional capacity;  
*Print Name of Volunteer Applicant*
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

**Reference #2**

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (“Applicant”) in either a personal or professional capacity;  
*Print Name of Volunteer Applicant*
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_