### Special Olympics Wisconsin

6582 Ronald Reagan Ave. Madison, WI 53704 (608) 222-1324 SpecialOlympicsWisconsin.org



Updated: 1/2/2024

### MINOR CLASS A VOLUNTEER REGISTRATION FORM

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Special Olympics Wisconsin (SOWI) and wanting to make a difference in the lives of the nearly 10,000 athletes our program serves! SOWI is a nonprofit organization which provides year-round sports training and competition in 17 sports for children and adults with intellectual disabilities.

Volunteers are the driving force behind the success of SOWI. Whether you coach athletes, conduct competitions, organize Agencies, raise funds or serve on a committee, it's the team effort of volunteers like you that make Special Olympics Wisconsin a strong organization. By completing this volunteer registration form, you will assist SOWI in providing a safe and quality environment for the Special Olympics athlete to train and compete.

Thank you for your commitment to Special Olympics Wisconsin and the athletes we serve.

#### VOLUNTEER REGISTRATION PROCESS

- Determine if you are completing the correct form per the criteria listed below. This form is to be completed only by individuals who are minors (ages 8 through 17) and who are classified as Class A volunteers as listed below. Children younger than 8 cannot volunteer in any capacity for SOWI. Adult Class A volunteers (age 18 or older) are required to complete a separate adult registration form. Day-of-event volunteers are to fill out a Class B Volunteer Individual registration form for the event they are working. This minor form is for:
  - Volunteers who have regular, close physical contact with athletes (roles include, but are not limited to Unified Partners, coaches, Agency volunteers, and chaperones at State Games [only volunteers 16 years or older can serve as chaperones].
  - b. Volunteers in a position of authority or supervision with athletes
  - c. Volunteers in a position of trust of athletes
  - d. Volunteers who have an above average level of authority or involvement with SOWI
  - e. Volunteers who handle cash or other assets of SOWI in amounts equal to or greater than \$15,000.
- 2. BEFORE filling out this form please make sure you have the below items ready:
  - a. Middle Initial
  - b. Completion of Protective Behaviors Training (see below step for details)
  - c. Agency Number, Young Athlete Number OR Unified Champion School Number (do not need all 3)
  - d. Photo Identification
- 3. All fields in red are required. Your form will be returned to you if these fields are left blank.
  - Section One Birth date is required to ensure that the minor applicant is at least 8 years old and will also determine when applicant turns 18 so they can be sent an Adult Class A Volunteer Registration form.
  - b. Section Two- Complete all information in this section.
    - i. The online <u>Protective Behaviors Training</u> can be completed at this link: <u>http://resources.specialolympics.org/protective\_behaviors\_training.aspx</u> This must be completed to become a Class A Volunteer and <u>you must retake it every three years!</u>
    - ii. If you are going to be an Agency, Unified Champion Schools®, or Young Athletes volunteer and you do not know your number, contact your *Athletic Director*.
  - c. Section Three Complete all reference information in this section.
  - d. Section Four Complete all educational information.
  - e. Section Five Complete all screening information by attaching a photo ID or getting a staff signature.
  - f. Section Six Read all agreement and release information carefully and sign and date the form.
- 4. SOWI will review your registration form to begin the screening process which may include the verification of references. Results of any reference checks will remain confidential.
- 5. When you are approved, SOWI will mail you a letter of approval and a volunteer registration card.

# SPECIAL OLYMPICS WISCONSIN MINOR CLASS A VOLUNTEER REGISTRATION FORM

(This form is for applicants ages 8 to 17)

ALL FIELDS ARE REQUIRED. This form will not be processed if any are left blank. Please use ink and print one letter in each space.

<u>Section One – General Information</u>				
Name:   _ _ _		_		
LAST Home Address:	FIRST	1.1		
	I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—I—			
City:   _ _ _	_  _  State:    Zip:     _			
Home Phone:   _   _   _   _   _   _   Cell Phone:   _   _   _   _   _   _				
E-Mail:				
<b>Birth Date</b> :   _   -  _   -  _   (this form is form i	or applicants ages 8 to 17) <b>Gender:</b> $\square$ Male $\square$ Female	•		
Emergency Contact:				
Phone:				
Section Two – Special Olympics Involvement				
Agency Number:    -    Young Athlete (YA)	)™ site:   -    (UCS)® site:    -			
☐ Special Olympics athlete ☐ SOWI Unified Partner				
☐ I have completed the online Protective Behaviors Training at				
http://resources.specialolympics.org/protective_behaviors_training.aspx_on				
Year applicant began volunteer service for Special Olympics Wisconsin:   _				
Does applicant wish to participate in the Special Olympics Wisconsin Years of Service Award Program? YES  NO				
	_			
Section Three – Reference Information				
Please provide <u>two</u> personal/professional references who are at least 18 years of age and are not the applicant's				
relative or guardian. One reference <u>must</u> be from the a	applicant's school, church or a civic group.			
To be completed by Applicant's References: By signi	ing below, I confirm the following:			
1. I am at least 18 years of age and am not a legal guardian or relative of applicant;				
2. I am not aware of any reason that applicant should not be permitted to volunteer on behalf of Special Olympics Inc.				
<ol> <li>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, Inc.</li> </ol>				
Befores Number Containmetics	Defended Number Two Information			
Reference Number One Information	Reference Number Two Information			
Reference number one signature Date	Reference number two signature Date	_		
Reference number one printed name	Reference number two printed name			
Relationship to applicant (how you know applicant)	Relationship to applicant (how you know applicant)			

Organization/Institution name and phone number

Organization/Institution name and phone number

Section Four – Ed	ducation Information	
Please print name	e of school currently attending:	
	Elementary School □ Middle School □ F Other	
Section Five – Sc	reening Information	
Photo identificat	cion verification:	
	ocopy of applicant's photo ID is attached (state y manager or SOWI staff member has verified	drivers license or state issued ID, student ID, passport) applicant's identity by signing below:
Agency manager	or SOWI staff signature Date Agency	manager or SOWI staff printed name
<ol> <li>Do you use ille</li> <li>Have you ever beer</li> <li>Have you ever beer</li> </ol>	gal drugs?oeen convicted of a criminal offense? h charged with neglect, abuse, assault, sexual assault or c	they apply to the minor applicant:  YES NO  I I I I I I I I I I I I I I I I I I I
Section Six – Vo	lunteer Agreement and Release	
SOWI to mapplicants?  I release SO  I acknowled release, disapplicants  In the coursagrees to keep to the relational time weep to the relational time weep to the responsibility. I am responsibility is not to the review of the	nake inquiry of others concerning applicate volunteer service with SOWI; DWI from any and all liability which may be it dge that applicant will be using facilities a scharge and indemnify SOWI from all liaproperty; see of volunteering for SOWI, applicant may seep said information in the strictest confidenship between SOWI and volunteers is an "ithout cause by either the volunteer or SOWI permission to use applicants likeness, voictivities of SOWI; ansible for informing SOWI of any changes to sewed the Coach/Volunteer Code of Conductivities.	at will" arrangement, and that it may be terminated a VI; ce and words in television, radio, film or in any form to the information contained on this application;
Parent/Guardia	n Signature:	Date:
Minor Applicant	Signature:	Date:
RETURN FORM TO	: Email: Volunteer@specialolympicswisconsin.org	FOR OFFICE USE ONLY
OR	Volunteer Registration Special Olympics Wisconsin 6582 Ronald Reagan Ave. Madison, WI 53718-7600	□ Approved □ Disapproved  Date:
FOR QUESTIONS COI	NTACT: (800) 552-1324 (608) 222-1324	Initials:

**FOR QUESTIONS CONTACT:** (800) 552-1324 (608) 222-1324

## SPECIAL OLYMPICS WISCONSIN COACH/VOLUNTEER CODE OF CONDUCT

Special Olympics Wisconsin (SOWI) prides itself in sponsoring high quality sports training and competitions for people with intellectual disabilities. The primary purpose of this code of conduct is to establish a high standard of coach/volunteer behavior that will ensure the safety and well-being of all athletes involved in training and competition. All coaches/volunteers are expected to abide by the code of conduct and standards of behavior as established by SOWI.

By agreeing to abide by the SOWI Code of Conduct, each coach/volunteer agrees to adhere to the following coach/volunteer behavior:

- Uphold the philosophy, principles and policies of Special Olympics, Inc. and SOWI; and
- Behave in a manner consistent with the SOWI core values of mutual respect, integrity, positive attitude, accountability, teamwork and dedication.

The following coach/volunteer behavior is unacceptable while participating in Special Olympics training, competition or travel to an event:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of alcohol
- Frequent unexcused absences
- Exhibition of poor sportsmanship
- Not following the rules of a sport
- Not providing adequate athlete supervision
- Submission of false or inaccurate competition qualification information
- Violent or disruptive behavior
- Physical or verbal sexual advances
- Any unwelcome physical contact
- Use of illegal drugs or any controlled substance\*
- Possession of harmful weapons\*
- Physical abuse\*
- Felony or misdemeanors (or any other illegal or socially unacceptable behavior) which disrupts or impedes the participation of athletes or others\*

### \*These offenses will result in immediate suspension from all Special Olympics activities.

The Coach/Volunteer Code of Conduct disciplinary and appeals processes can be found in the Volunteer section of the Agency Manager Handbook on the SOWI website <a href="SpecialOlympicsWisconsin.org">SpecialOlympicsWisconsin.org</a>, or you may request a copy from the SOWI Headquarters office.

Special Olympics Wisconsin is an equal opportunity volunteer organization and will not discriminate on the basis of race, color, religion, gender, or national origin. Gender is requested solely for the purpose of the screening process. Strict confidentiality is maintained with all information given.

Created by the Joseph P. Kennedy Jr. Foundation. Authorized and Accredited by Specials Olympics, Inc., for the Benefit of Persons with Intellectual Disabilities.