

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 SpecialOlympicsWisconsin.org, 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 Special Olympics, Inc., for the Benefit of Persons with Intellectual Disabilities.

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

1. 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:
 - a. 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. Completely fill out and return this entire volunteer registration form (faxes are not accepted) to the SOWI Headquarters office in Madison. **All fields are required. Your form will be returned to you if any fields are left blank.**
 - a. 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. If you do not know your Agency number, contact your Agency manager.
 - c. Section Three - Complete all reference information in this section.
 - d. Section Four – Complete all educational information.
 - e. Section Five – Complete all screening information. A photo ID or staff signature is required.
 - f. Section Six – Read all agreement and release information carefully and sign and date the form.
3. 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. Minors will be required to complete a Minor Class A Volunteer Registration form every three years until they reach the age of 18, at which time they will be required to complete an Adult Class A Volunteer Registration form.
4. 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 (Online)

(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.

Section One – General Information

Name: _____
LAST FIRST INIT

Home Address: _____
NUMBER STREET APT

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Birth Date: _____ (this form is for applicants ages 8 to 17) Gender: Male Female

Emergency Contact: _____

Phone: _____ Relationship: _____

Section Two – Special Olympics Involvement

Agency Number: ____ - ____ Young Athlete (YA)™ site: ____ - ____ Project Unify (PU)® site: ____ - ____

Special Olympics athlete SOWI Unified Partner

I have viewed the online General Orientation at SpecialOlympicsWisconsin.org 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 **two** personal/professional references who are **at least 18 years of age** and are **not the applicant's relative or guardian**. **One reference must be from the applicant's school, church or a civic group.**

- To be completed by Applicant's References:** By signing below, I confirm the following:
- I am at least 18 years of age and am not a legal guardian or relative of applicant;
 - I am not aware of any reason that applicant should not be permitted to volunteer on behalf of Special Olympics Inc.;
 - 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.

Reference Number One Information	Reference Number Two Information
Reference number one signature	Reference number two signature
Date	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 – Education Information

Please print name of school currently attending: _____

Type of school: Elementary School Middle School High School Military Academy
 Other _____

Section Five – Screening Information

Photo identification verification:

- A photocopy of applicant's photo ID is attached (state drivers license or state issued ID, student ID, passport)
OR Agency manager or SOWI staff member has verified applicant's identity by signing below:

Agency manager or SOWI staff signature Date Agency manager or SOWI staff printed name

All four questions below must be answered truthfully as they apply to the minor applicant:

	YES	NO
1. Do you use illegal drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a criminal offense?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your driver's license ever been suspended or revoked in any state?.....	<input type="checkbox"/>	<input type="checkbox"/>

Section Six – Volunteer Agreement and Release

PLEASE READ CAREFULLY BEFORE SIGNING:

- I hereby understand and/or confirm the following:
- The information provided above may be verified by SOWI at its sole discretion, and permission is given to SOWI to make inquiry of others concerning applicants suitability to be a volunteer at any time during applicants volunteer service with SOWI;
 - I release SOWI from any and all liability which may be incurred as a result of the volunteer screening process;
 - I acknowledge that applicant will be using facilities at applicants own risk and I, on my own behalf, hereby release, discharge and indemnify SOWI from all liability for injury to person (applicant) or damage to applicants property;
 - In the course of volunteering for SOWI, applicant may be dealing with confidential information and applicant agrees to keep said information in the strictest confidence;
 - The relationship between SOWI and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or SOWI;
 - I grant SOWI permission to use applicants likeness, voice and words in television, radio, film or in any form to promote activities of SOWI;
 - I am responsible for informing SOWI of any changes to the information contained on this application;
 - I have reviewed the Coach/Volunteer Code of Conduct with minor applicant.

I affirm that I have read and understand this application and the information provided is true and complete.

Parent/Guardian Signature: _____ Date: _____

Minor Applicant Signature: _____ Date: _____

RETURN FORM TO: Volunteer Registration
 Special Olympics Wisconsin
 2310 Crossroads Dr. Ste 1000
 Madison, WI 53718-7600
FOR QUESTIONS CONTACT: (800) 552-1324 (608) 222-1324

FOR OFFICE USE ONLY

Approved Disapproved

Date: _____

Initials: _____