

**Special Olympics Michigan**

**Volunteer Form (Class A)**

**AREA/ORGANIZATION** \_\_\_\_\_

- As a class "A" volunteer for Special Olympics Michigan you must complete this form **every three years**
- A class "A" volunteer constitutes anyone who has regular, close, physical contact with athletes, anyone in a position of authority or supervision with athletes, and anyone who handle substantial amounts of cash or other assets of the Program
- **Along with the volunteer A form, all Class A volunteers must complete the Protective Behavior and General Orientation. Coaches must also complete concussion training. All trainings are available at <http://somi.org/sports/coaches.html>**

**PLEASE SELECT THE APPROPRIATE ITEM(S) THAT DEFINES YOUR ROLE WITH SPECIAL OLYMPICS MICHIGAN**

- Area Director                       Chaperone                       Games Committee  
 Area Management Team             Coach                               Medical                               Other \_\_\_\_\_

**CONTACT INFORMATION**

|                        |                     |        |                      |              |
|------------------------|---------------------|--------|----------------------|--------------|
| Name                   | Last                | First  | Middle               | Maiden Name  |
| Mailing Address        | Address             |        | Street               | Apartment    |
|                        | City                | County | State                | Zip          |
| Email                  | _____               |        | Date of Birth        | _____        |
| Phone                  | Home: (____) _____  |        | Cell: (____) _____   |              |
| Gender                 | ___F ___M ___ Other |        |                      |              |
| Social Security Number | _____               |        | Driver's License No. | _____        |
| Emergency Contact      | _____               |        | (____) _____         | (____) _____ |
|                        | Name/Relationship   |        | Home/Cell Phone      |              |
| Employer/School Name   | _____               |        |                      |              |
| Address                | _____               |        |                      |              |
|                        | City                | State  | Zip                  |              |

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

- 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 charged for neglect, abuse, or assault? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Has your driver's license been suspended or revoked in any state or have you had 3 moving violations within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
- 5) Do you have a medical condition we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

**If 18 years or younger: List two (2) references:**

|    | NAME  | RELATION | PHONE NUMBER | REF. CHECK               |
|----|-------|----------|--------------|--------------------------|
| 1) | _____ | _____    | _____        | <input type="checkbox"/> |
| 2) | _____ | _____    | _____        | <input type="checkbox"/> |

**All Applicants: PLEASE READ BEFORE SIGNING:**

I understand that:

- The information I have provided may be verified, and I give permission to Special Olympics Michigan to make inquiry of others concerning my suitability to act as a Special Olympics Michigan volunteer, a State Background Check will be conducted;
- In the course of volunteering for Special Olympics Michigan, I may be dealing with confidential information, and I agree to keep said information in strictest confidence.
- I understand I am a mandated reporter by law and will report any suspected abuse. I also understand the legal consequences for not reporting suspected abuse within 24 hours.
- The relationship between Special Olympics Michigan and volunteers is an "at will" arrangement and may be terminated at any time without cause by either the volunteer or Special Olympics Michigan;
- I grant Special Olympics Michigan permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities for Special Olympics.

If there are any changes in the information, I will inform Special Olympics Michigan. Background Checks will be re-run according to SOI regulations. I affirm that I am at least 18 years of age, have read the above and the back of this form, and the information I have given is true and complete.

Signed: \_\_\_\_\_

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

Fax **(989) 774-1222** or Mail to the SOMI State Office

**Instructions for the person completing the form:**

All information must be filled in completely.

**Instructions to complete the Protective Behavior, which includes guide for volunteers to keep athletes safe, General Orientation & Concussion trainings.**

All trainings are available online at <http://somi.org/sports/coaches.html>

After completion of the concussion training, you will send a copy of your certification to the State Office  
Please keep copies of all forms submitted.

**Area /Agency**

Please write your area number, school, or Special Olympics Organization (Wertz Warriors, Medical, etc.) here.

**Special Olympics Role:**

Area Director/Team member, Coach, Chaperone, Medical, Games Committee, or Other. Please indicate the definition that best describes your role. If you actually train and coach athletes, then indicate coach. If you attend events to oversee athletes but do not coach, then indicate chaperone.

**Contact Information:**

All information is required unless indicated otherwise. Please provide your complete legal name including full middle name, along with any other names you go by. Your complete mailing address and contact phone numbers are required. Date of birth, gender and social security number are required to complete criminal background screenings. Failure to provide a valid driver's license number will result in a driving restriction being placed on your record.

**Questions:**

Everyone must answer all questions listed in this section and then explain if a yes answer is provided for the driver's license suspension question

**Document of Volunteer Responsibilities**

Volunteering for Special Olympics Michigan is both a responsible and rewarding opportunity. You make it possible for Special Olympics athletes to benefit from challenging sports training and competition. Special Olympics Michigan depends upon volunteers to interact positively with all individuals, to act in a mature manner, and demonstrate a high level of responsibility.

As a volunteer, you are expected to:

**1) Fulfill the responsibility of your assignment:**

- a. carry out all aspects of your assignment, take General Orientation and Protective Behaviors Quiz online at [www.somi.org](http://www.somi.org).
- b. attend required meetings.
- c. By law you must report suspected abuse. Contact the Michigan Department of Health & Human Services (855) 444-3911 or call the Police at 911. Notify Special Olympics Michigan within 24 hours of reporting the incident at (800) 644-6404. Failure to report could result in legal consequences.

**2) Set an example for the athlete:**

- a. refrain from drinking, using illegal substances, or using profanity when acting as a volunteer.
- b. avoid any behavior, which may be misunderstood or misinterpreted by the athlete.

**3) Demonstrate good sports-like behavior:**

- a. support the decisions of referees, judges, and committees and use the proper protest procedure.
- b. praise the athletes for their efforts and encourage them to be happy for the success of others.

**4) Be continually vigilant and cognizant of the safety of the athlete:**

- a. never leave an athlete unattended.
- b. never put yourself in a compromising situation.
- c. It is recommended to have at least 2 volunteers present to supervise athletes.

**5) Be loyal to your commitment to Special Olympics Michigan:**

- a. look for constructive ways to overcome obstacles.
- b. address concerns and complaints to those who can effect, correction, and/or change.
- c. be responsible with any information you may have about others (athletes, volunteers, and staff).

**6) Take advantage of the opportunity Special Olympics Michigan offers you:**

- a. be open to new ideas and new ways of doing things.
- b. become an active participant by extending your involvement to other roles of leadership and training.
- c. offer constructive suggestions for legitimate improvements to Special Olympics Michigan events.