

Special Olympics Colorado

Class “A” Youth Volunteer Application

This form must be completed by all youth volunteers between the ages of 8 and 17 who wish to volunteer for Special Olympics Colorado. Volunteer positions include, but are not limited to, youth assistant coaches, Unified Sport® partner or positions that otherwise result in a manner of regular close contact with Special Olympics athletes. Youth “A” volunteers must have this form signed by a parent or guardian. Youth “A” volunteer applicants must submit two signed Minor Volunteer Reference Forms (attached).

Applicant’s Name:

First: _____ **Middle Initial:** _____ **Last:** _____

Verification of ID: by: _____ *Signature of authorized SOCO personnel* **or** Attached is a copy of driver’s license or student ID.

Address: Please check if new

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____	Date of Birth: _____ Are You a Student: _____ What School: _____ Local Special Olympics Program Affiliation: _____ Position of Interest: Coach or Unified Sports® partner: _____
---	--

Send SOCO communications to: (Check one) Home Home Email

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 with neglect, abuse or assault? | Yes ___ No ___ |
| 4) Has your Drivers License ever been suspended or revoked in any state or other jurisdiction? | Yes ___ No ___ |
| 5) Other than the above, is there any fact or criminal circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of people with disabilities or handling of money? | Yes ___ No ___ |

If you answered YES to any of the above, please explain: _____

Please read the following:

- In the course of volunteering for Special Olympics Colorado, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Colorado permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics and its mission.
- I understand that the relationship between Special Olympics Colorado and volunteers is an “at will” arrangement and that it may be terminated at any time, without cause, by either the volunteer or Special Olympics Colorado.



Minor Volunteer Reference Form

List two adult non-family references: a) Personal & b) School/Church/Civic Group

Reference One:

Name: _____
Address: _____
Phone: _____
Relationship: _____

By signing below, I confirm the following:

1. I know _____ *Name of Volunteer Applicant* ("Applicant") in either a personal or professional capacity.
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 Colorado.
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: _____

Relationship to Applicant: _____

Organization/Institution: _____ *School, church, civic group, etc.*

Date: _____

Reference Two:

Name: _____
Address: _____
Phone: _____
Relationship: _____

By signing below, I confirm the following:

1. I know _____ *Name of Volunteer Applicant* ("Applicant") in either a personal or professional capacity.
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 Colorado.
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: _____

Relationship to Applicant: _____

Organization/Institution: _____ *School, church, civic group, etc.*

Date: _____

Please indicate a person to contact in case of an emergency:

Name: _____ Relation: _____ Phone: _____

I affirm that I have read all pages of this application and understand its meaning. I also affirm the information I have given is true and complete.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Those individuals applying for Unified Sports® partner need to read the following statement and sign below.)

**Special Olympics Colorado Unified Sports® Partner
Release and Waiver of Liability**

In consideration of participating as a Special Olympics Unified Sports® partner, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury that 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 such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and or my minor child's) participation. I acknowledge that if at any time I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) 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 (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics Colorado, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants and 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 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.

I have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® partner _____
Date

Signature of Parent/Legal Guardian of Unified Sports® partner _____
Date

All Class A Youth volunteers ages 16 and older must visit the Special Olympics Colorado (SOCO) website at www.specialolympicsco.org and take the online Protective Behaviors Training and Quiz. After completing the quiz your results will be emailed directly to the volunteer coordinator and updated in the database. After receiving your results from the background screening and the online quiz you will then receive an acceptance/denial letter. If you do not have access to the internet please call Mandi DeWitt at (720) 359-3117 or email at mmd@specialolympicsco.org and a hardcopy will be mailed to you. Please feel free to call or email with any questions regarding the application process.

**Please return all completed original applications to
Special Olympics Colorado, Volunteer Coordinator
410 17th Street, Suite 200
Denver, CO 80202**