

SPECIAL OLYMPICS DELAWARE YOUTH VOLUNTEER APPLICATION & RELEASE FORM

619 South College Ave. - Newark - DE - 19716 - Fax(302)831-3483

In accordance with the Special Olympics Volunteer Screening Policy and with the interest of the health and safety of all participants in mind, we ask your cooperation by fully completing the requested information.
This form is only to be used by Class A Volunteers ages 8- 15 years. ALL information is required and confidential.

Please type or legibly print all information

PERSONAL INFORMATION			
Today's Date _____			
APPLICANT FIRST NAME _____		APPLICANT MIDDLE NAME _____	
APPLICANT LAST NAME _____		Suffix _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Email Address _____	Primary Phone _____		Alternate Phone _____
Gender <input type="radio"/> Female <input type="radio"/> Male	Date of Birth	Month _____	Day _____ Year _____
PARENT/GUARDIAN NAME _____		RELATIONSHIP TO APPLICANT _____	
Parent/Guardian contact information if different from above:			
Mailing Address _____	City _____	State _____	Zip Code _____
Email Address _____	Primary Phone _____		Alternate Phone _____
Emergency Contact: _____	Relationship to you: _____	Primary Phone _____	

HEALTH INFORMATION			
This section to be completed by Parent/Guardian			
Please check all that apply:			
<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Contact Lenses/Glasses	<input type="checkbox"/> Head Injuries	<input type="checkbox"/> Emotional/Behavioral Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Surgeries	<input type="checkbox"/> Impaired Motor Ability
<input type="checkbox"/> Seizures	<input type="checkbox"/> Dentures	<input type="checkbox"/> Major Illnesses	<input type="checkbox"/> Uses a wheelchair
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Bleeds easily	
List any allergies (medical, environmental, food)	_____		
List any current medications and dosage	_____		
Any other information:	_____		

CURRENT STATUS WITH SPECIAL			
Are <input type="radio"/> New Volunteer for Special Olympics <input type="radio"/> Updating my current			
Please provide your current status with Special Olympics:			
Program/School currently involved with as a Volunteer: _____			
Sports currently involved with as a Volunteer: _____			
Complete below only if you are currently not part of a Program/School:			
I am a new Volunteer and am currently not assigned to a Program/School. I am interested in being a <input type="checkbox"/> Unified Partner <input type="checkbox"/> Practice Volunteer			
I am interested in participating with the following sports: (check all that apply)			
<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track and Field	<input type="checkbox"/> Golf
<input type="checkbox"/> Softball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Bocce	<input type="checkbox"/> Bowling
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Figure Skating

Please complete reverse side

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

For Unified Sports Partners: Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in Special Olympics Unified Sports, 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, which may be caused by my own (and/or my minor child's) 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, cost, 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 at any time that if I (and/or my minor child) 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 (and/or my minor child) should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent for or make my (our) own arrangements for that treatment because of my (and/or my minor child's) injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or my minor child's) 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, 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 Special Olympics and/or Unified Sports events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement', I (and/or my minor child), or anyone on my behalf, makes a claim against any of the Releasees, I (and/or my minor child) 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.

By signing below, I acknowledge I have read the "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement" and fully understand and agree to it.

Signature of Parent/ Guardian of Unified Sports Partner

Date

General Consent for Youth Volunteers

In the course of volunteering for Special Olympics Delaware, I (and/or my minor child) may be dealing with confidential information and I (and/or my minor child) agree to keep said information in the strictest confidence. In consideration for being permitted to volunteer my (and/or my minor child's) services to Special Olympics Delaware, I (and/or my minor child) hereby agree to accept any and all risks of injury, damage or loss of personal property. I (and/or my minor child) also understand that the relationship between Special Olympics Delaware and volunteers is an "at will" arrangement, and that it may be terminated at any time. I grant Special Olympics Delaware permission to use my (and/or my minor child's) likeness, voice, and words in print, television, radio, film or in any form to promote activities of Special Olympics.

I hereby consent for me (and/or my minor child) to be a volunteer with Special Olympics Delaware. I have read and agree to the above General Consent. I hereby agree to release and hold harmless Special Olympics Delaware, and its agents, employees and representatives of and from any and all liability of any kind or nature incurred by me (and/or my minor child) as a volunteer as the result of any act or failure to act, intentional or unintentional, by (1) any person who is an agent, employee or representative of Special Olympics Delaware or (2) any other volunteer. If during participation in Special Olympics activities I (and/or my minor child) should need emergency medical treatment and I am not able to give consent for or make arrangements for that treatment, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or my minor child's) well-being, including, if necessary, hospitalization.

Please read each of the statements below before signing:

I do hereby understand and confirm that:

- I have read, understand, and agree to abide by the Special Olympics Delaware Code of Conduct and Volunteer Participation Policy.
- In the event I engage in any conduct which could be deemed a violation of the code of conduct, I will promptly notify the Executive Director of Special Olympics Delaware.

Signature of Parent/ Guardian of Minor Volunteer

Date

LETTERS OF REFERENCE

Each applicant must have 2 adult references complete the section below

This is a reference letter for _____ who is applying to be a Volunteer for Special Olympics

Student/ Minor Full First & Last Name

I have known him/her for _____ in my capacity as _____ at/ through _____

Length of Time

Your Title, Role, or Relationship

*School, Organization, or
Where know from*

Based on my interaction with this person and my knowledge of his/her character, I believe he/she is a good candidate to be a volunteer for Special Olympics Delaware.

Reference Person Full Name: _____ Primary Phone: _____

Signature

Date

This is a reference letter for _____ who is applying to be a Volunteer for Special Olympics

Student/ Minor Full First & Last Name

I have known him/her for _____ in my capacity as _____ at/ through _____

Length of Time

Your Title, Role, or Relationship

*School, Organization, or
Where know from*

Based on my interaction with this person and my knowledge of his/her character, I believe he/she is a good candidate to be a volunteer for Special Olympics Delaware.

Reference Person Full Name: _____ Primary Phone: _____

Signature

Date