

# Welcome to Special Olympics Pennsylvania

THANK YOU for deciding to volunteer for Special Olympics Pennsylvania. While it is the athletes who are the heart of our program, it is the volunteers who are the lifeblood. By giving your time, you make it possible for over 20,000 athletes in Pennsylvania to participate in Special Olympics.

Thank you for taking your place in the Special Olympics family.



**Special Olympics**

*Pennsylvania*

Be a fan.

## VOLUNTEER CLASSIFICATIONS

Special Olympics Pennsylvania classifies its volunteers by the level of participation. **Please read the “classifications” to determine your level and complete the application as appropriate.**

**CLASS A** – Volunteers who are or may be in immediate contact with athletes such as coaches, Unified partners, chaperones, drivers, and overnight hosts, as well as volunteers with administrative (management team members, etc.) and fiscal authority. These volunteers will have a Pennsylvania State Police Criminal Record Check conducted upon volunteering in this category. Please discuss with your program’s manager.

*Those CLASS A volunteers who are 17 years of age or younger must complete a “17 & Under Disclosure” form.*

*Those CLASS A volunteers who are not Pennsylvania residents must complete a “Non-PA Resident Disclosure” form.*

**CLASS B** – Volunteers with casual or limited contact with athletes such as sub-committee members, officials, event management team members, etc., qualify as Class B volunteers.

**CLASS C** – Single event and one day volunteers.

## ORIENTATION AND TRAINING

It is the responsibility of each county/area program to provide all volunteers with written or verbal information or instructions describing the general responsibilities of a Special Olympics volunteer and policies relative to their position and individual behavior. **The “Special Olympics Pennsylvania Code of Conduct” is to be reviewed and understood by all volunteers. It is the responsibility of each county/area program to provide Class A volunteers with additional orientation and training to include, but not limited to, “Protective Behavior” training. part of which will be face to face.**

## Completing This Application

Please take the time to complete this application entirely.

Please send your completed volunteer application for SOPA/SOYO Sports Camp to:

**V. Rev. Anthony G. Yazge**

**Camp Director**

**Antiochian Village Camp & Conference Center**

**Address:**

**201 St Ignatius Trail**

**Bolivar, PA 15923**

## PLEASE READ BEFORE SIGNING

### I understand:

- ◆ that as a Class A volunteer, I will be asked to submit an application for a Pennsylvania State Police Criminal Record Check;
- ◆ that the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a volunteer;
- ◆ that in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep this information in strictest confidence;
- ◆ that the relationship between Special Olympics and its volunteers is an "At Will" arrangement and may be terminated at any time without cause by either the volunteer or Special Olympics
- ◆ that I grant Special Olympics permission to use my likeness, voice and/or words in television, radio, film, or in any form to promote activities of Special Olympics;
- ◆ that I may be working in an environment of contagious disease and will act accordingly using appropriate precautions and procedures;
- ◆ the Volunteer Responsibility form and Special Olympics Pennsylvania Code of Conduct.

### VOLUNTEER RESPONSIBILITIES

1. Volunteers attending any event where athletes are present must agree to abstain from the use of alcohol and/or illegal drugs throughout the course of that event. For volunteers attending the event which includes travel, this abstention begins upon departure from the local pick up point through the return of the athletes to their families. If you will not abstain for the course of the event, please do not sign this document.
2. Volunteers should dress and act at all times in a manner which will be a credit to Special Olympics Pennsylvania and to your area/county program. Keep in mind you are serving as a role model for all Special Olympics athletes you serve.
3. All emergencies must be reported to the appropriate authorities after immediate action is taken to ensure the health and safety of participants.
4. Volunteers will provide 24-hour supervision of athletes during any Special Olympics event attended by athletes.
5. Any misconduct exhibited by a volunteer may result in immediate dismissal or more severe actions when appropriate.
  - ▶ *No tobacco products will be used during SOPA events in housing areas, meal areas, sporting events, training or competition venues, or sites related to training and competition.*

### SPECIAL OLYMPICS PENNSYLVANIA CODE OF CONDUCT

**Unsportsmanlike or inappropriate behavior by a coach, athlete, volunteer or staff member during SOPA training or competition events is unacceptable. Failure to behave appropriately could result in loss of eligibility.**

While attending a SOPA competition, training or event, athletes, coaches, Unified partners, volunteers and staff members are encouraged to behave appropriately in accordance with the mission and philosophy of Special Olympics, Inc. Inappropriate behavior occurring at or outside the venue sites will result in the following disciplinary actions:

**VENUE SITE** – Defined as the area where a competition or training event is taking place. Coaches, athletes, Unified partners and volunteers will adhere to **SOI, SOPA & NGB** rules. The camp director has the highest authority and may therefore enforce stronger penalties above and beyond **SOI, SOPA, & NGB**.

**OUTSIDE THE VENUE** – Defined as all activity occurring outside competition or training venues. Code of Conduct violations occurring outside the venue will result in the following:

#### A. INAPPROPRIATE BEHAVIOR

Will not be tolerated. If it does occur, a *Misconduct Report Form* must be submitted to the SOPA liaison for review. A decision will be made in a reasonable time period to ensure immediate action.

#### B. SERIOUS VIOLATION

Depending upon the severity of the violation, suspension for subsequent game(s) or dismissal from sponsored SOPA competition or training events will occur. In the event the violation is serious or compromises the environment, the individual(s) will be asked to leave.

**ALL VOLUNTEERS ARE TO COMPLETE THE FOLLOWING – PLEASE PRINT IN INK** (*items in italics are optional*)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Apt

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone – indicate  your preferred contact number (day): \_\_\_\_\_  (evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Group Affiliation: \_\_\_\_\_  
Name (i.e., Anytown Boy Scout Troop #17, etc.) City State Zip

Employer/School Name: \_\_\_\_\_  
Street City State Zip

Please indicate the year you began volunteering with Special Olympics Pennsylvania \_\_\_\_\_

**PERSONAL INFORMATION**

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name

**INSURANCE INFORMATION**

In the event that a medical emergency occurs during the course of my volunteer efforts with Special Olympics Pennsylvania, please be aware of the following personal medical information about myself; furthermore, if, during my participation in Special Olympics activities, I should need emergency medical treatment and cannot give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures necessary to protect my health & well-being, including, if necessary, hospitalization.

Physician's Name & Phone Number \_\_\_\_\_ Special Instructions \_\_\_\_\_

Medical Condition \_\_\_\_\_ Medications, if any \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Other necessary information \_\_\_\_\_

**VOLUNTEER SIGNATURE**

**I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID VERIFICATION: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
Drivers License Student ID Other-Indicate:

**If a minor, a parent or guardian signature is necessary.**

I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charges' participation.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PROGRAM/OFFICE USE ONLY** The above volunteer has completed the "Volunteer Application" and has been appropriately screened and trained.

Screener/Interviewer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PRINTED Name SIGNATURE DATE

Was the PA State Police Criminal Record Check/National Background Check conducted and returned without activity, allowing continued class A status?  YES  NO

Date returned and on file: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ID # \_\_\_\_\_

If activity existed, was a Letter of Exemption filed with the state?  YES  NO

**CLASS "A" AND "B" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING** (Class B volunteers are those who have casual or limited contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

**Please print in ink**

Do you use illegal drugs?  YES  NO

Have you ever been convicted of a criminal offense in Pennsylvania or any other state? If yes, what state? \_\_\_\_\_  YES  NO

Have you ever been charged with neglect, abuse, assault or other crimes against a minor?  YES  NO

Has your driver's license ever been suspended or revoked in any state?  YES  NO

If yes, when / where? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR VOLUNTEERS PROVIDING TRANSPORTATION FOR ATHLETES OR OTHER VOLUNTEERS**

\_\_\_\_\_  
Drivers' License #                      Auto Insurance Carrier                      Policy #

As a "Class A" volunteer, do you understand that you will be required to have a PA Criminal/Background Record Check completed **BEFORE** being assigned?  YES  NO

List 2 non-family references:

1) \_\_\_\_\_  
Name                                      Relationship                                      Address & Phone Number

2) \_\_\_\_\_  
Name                                      Relationship                                      Address & Phone Number

**ALL CLASS "A" VOLUNTEERS ARE TO COMPLETE THE FOLLOWING** (Class A volunteers are those who are in immediate contact with athletes. For more information about volunteer classifications, see *Welcome* page.)

***Please print in ink***

I am providing the following additional information for the Criminal/Background Record Check to be performed. When it is returned without activity (to the local program), I understand that I will be notified and may begin my Class A position with Special Olympics Pennsylvania. If activity exists, I will be notified and will be given the opportunity and instructions regarding filing a Letter of Exemption with the state office.

Sex:  Male  Female    Race: \_\_\_\_\_    Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of years you have lived at your current address provided? \_\_\_\_\_

Maiden Name / Aliases: \_\_\_\_\_