

# Volunteer Application Form - Class A Adult (18+)

Email: [volunteer@specialolympicsva.org](mailto:volunteer@specialolympicsva.org); Fax: (804) 346-9633

Mail: Special Olympics VA, 3212 Skipwith Rd, Suite 100, Richmond, VA 23294

**Special Olympics**  
Virginia



Full First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Month: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Area Program (if known): \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home/Other Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: Female Male Other Gender Identity

Race/Ethnicity (Optional)

American Indian/Alaskan Native

Asian American

Prefer not to answer

Black or African American

Native Hawaiian or Other Pacific Islander

More than one race

White or Caucasian

Hispanic or Latinx

Do you use illegal drugs?

Yes

No

Have you ever been charged and/or convicted of any criminal offense?

Yes

No

Have you ever been charged and/or convicted of neglect, abuse, or assault?

Yes

No

Has your driver's license ever been suspended or revoked?

Yes

No

## I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.

2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.

3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.

5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.

6. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

### I agree and consent to Special Olympics:

- o using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
- o using my personal information for communicating with me about Special Olympics.
- o sharing my personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.

- I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

- **Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Virginia Volunteer Privacy Policy here <https://www.specialolympicsva.org/get-involved/volunteer-privacy-statement>.

8. **Background Check Authorization.** (applies to adults only) I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.

9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

**I HAVE READ AND UNDERSTAND THIS FORM. IF I HAVE ANY QUESTIONS, I WILL ASK. BY SIGNING, I AGREE TO THIS FORM.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please make sure to visit the **Class A Volunteer page of our website** to complete step 2 (background check) and step 3 (Protective Behaviors training). Please make sure you fill out the entire COVID Waiver form (2 additional pages) that are attached to this release form. Coaches must also complete the Concussion training.

Revised May 2021