

# VOLUNTEER REGISTRATION

**Special Olympics**  
Maine



## Dear Potential Special Olympics Maine Volunteer:

Through the power of sports, people with intellectual disabilities discover new strengths and abilities, skills and success. Our athletes find joy, confidence and fulfillment — on the playing field and in life. They also inspire people in their communities and elsewhere to open their hearts to a wider world of human talents and potential.

To register to become a Special Olympics Maine volunteer, please complete the requirements below:

- SOMaine Class A Application.** (must be submitted every three years) Volunteers, 16 & older, who have regular, close physical contact with athletes; volunteers in positions of authority or supervision; volunteers in a position of trust with athletes; and volunteers that handle substantial amounts of cash or other assets.

<http://www.somaine.org/sports/coachs-corner/become-a-coach/>

Class A Volunteers include:

- ✓ Coaches/Assistant Coaches
- ✓ Unified partners
- ✓ Trip coordinators or heads of delegations
- ✓ Chaperones
- ✓ ALPS and global messenger mentors
- ✓ Non-hired drivers of athletes
- ✓ Area/local council members
- ✓ Volunteers who will handle over \$5,000

Please read the form, complete, sign, date and return to SOMaine.

- Protective Behaviours course** - (must be completed every three years) This course provides education on the prevention of sexual, physical and emotional abuse of Special Olympics Athletes. [http://resources.specialolympics.org/protective\\_behaviors\\_training.aspx](http://resources.specialolympics.org/protective_behaviors_training.aspx)
- Concussion Awareness Course** – (must be complete every three years) This course provides education on concussion safety and awareness. There are two concussion course options, of which only one of the two needs to be completed.
  1. **NFHS Concussion in Sports Course** –  
<https://nfhslearn.com/courses/61064/concussion-in-sports>
  - or*
  2. **CDC HEADS UP to Youth Sports Course** -  
<http://www.cdc.gov/headsup/youthsports/training/index.html>
- Adhere to Code of Conduct**

Please submit all registration forms to:

BY MAIL: Special Olympics Maine, 125 John Roberts Rd #5, South Portland, ME 04106  
BY EMAIL: [lanF@somaine.org](mailto:lanF@somaine.org)  
FAX: 1-888-490-0672

**Thank you. We are excited you are part of the Special Olympics Maine Movement!**

# CLASS A VOLUNTEER APPLICATION

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This form is only required for volunteers who are involved directly with S O Athletes, as coaches, chaperones, drivers, local program coordinators or Unified Sports® partners. This info will be used by Special Olympics Maine to do a background screening on the individual completing and signing this form – please submit ALL info, including your Social Security number. (*IMPORTANT – your S.S. # is necessary & will ONLY be used to conduct an accurate background check*). Everyone completing this form MUST also complete a mandatory and easy online “Protective Behaviors” course, as well as the Concussion & Safety Awareness Policy, by going to ([www.somaine.org/sports/coachs-corner/become-a-coach](http://www.somaine.org/sports/coachs-corner/become-a-coach)).

**Part I – General Information – ALL information is required, unless indicated as optional (Please Print Legibly)**

Last/Family Name:			
First/Given Name:		Middle Name:	
Address:			
City:		State	Zip
E-mail: (optional):			
Daytime Phone:		Evening Phone:	
Employer/School:			
Emergency contact:		Emergency Phone:	
Birth Date (mm/dd/yyyy)		Gender:	Male      Female
Social Security #		Drivers' License #	

**Delegation (Team) Name of group you volunteer with:** \_\_\_\_\_

**Part II – Background Information** Please answer the following questions:

Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been criminally charged with neglect, abuse or assault?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
Have you ever applied to, volunteered or been employed by any Special Olympics organization?	Yes	No

If you answered YES to any of the above please explain (use additional sheets of paper if necessary): \_\_\_\_\_  
 \_\_\_\_\_

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## Part III – Additional Information –If you are under 18, please provide at least one school/institution reference

Please list two references who are not related to you:

1. Name: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Maine may refuse to allow me to volunteer if I provided any incorrect information or omission.

In consideration of Special Olympics Maine considering my application, I give my permission for Special Olympics Maine to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction data, as well as pleas bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with Special Olympics Maine, and that as long as I remain a volunteer with Special Olympics Maine, the criminal history records check and motor vehicle driving records check may be repeated at any time, but at least every three years. If my application is denied, upon request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by Special Olympics Maine.

I WAIVE, RELEASE and DISCHARGE Special Olympics Maine, its' officers, directors, employees, volunteers, agents and representative from any liability for all damages and losses of whatever kind or nature that may result in connection with Special Olympics Maine conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Maine or at my option and that Special Olympics Maine may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Maine and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Maine and Special Olympics, Inc.'s website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

*In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.*

Volunteer's Signature: \_\_\_\_\_

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

Parent/Guardian Signature  
if Volunteer is a Minor \_\_\_\_\_

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

**PRINT** Full Name of Parent or Guardian \_\_\_\_\_