



Special Olympics Arizona

Unified Partner (18 + years) Class A Volunteer Application

- This form must be completed and an approval letter received before any Unified Partner participates in a Special Olympics activity.

Part 1 - General Information (please print)

Full Legal Name (*Required for background check, cannot volunteer with out) DELEGATION: _____

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

*Mailing Address: _____ Email: _____

*City: _____, Arizona *Zip Code: _____

Day Phone: (____) _____ Cell Phone: (____) _____ *DOB: ____/____/____ Age: _____

*Social Security Number: _____ Race: _____ Gender: Female Male

Employer / School / Organization: _____ Occupation: _____

Are you also a . . . Coach Unified Coach * A CLEAR COPY OF YOUR STATE ISSUED PHOTO ID IS REQUIRED WITH THIS APPLICATION *

Part 2 - Special Olympics Release and Waiver of Liability

- In consideration of participating in Special Olympics Unified Sports®, I represent I understand the nature of the event and I am 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 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 participation. I acknowledge at any time I feel the event conditions are unsafe, I will discontinue participation immediately.

- If during my participation in Special Olympics activities, I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for, 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 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 loses, claims (other than that of the medical accident benefit), demands, costs, or damages I may incur as a result of participation in Unified Sports® events and further agree 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 Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Part 3 - Background Information (All questions must be answered. All information is confidential)

- 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 driver's license ever been suspended or revoked in any state? Yes No
- 5) Do you have a valid driver's license? Yes No **Driver's License #** _____

Please read and sign below:

- The relationship between Special Olympics Arizona and volunteers is an "at will " agreement and this application may be denied or the relationship may be terminated for any reason.
- The information I have provided will be verified by a background check or any other means deemed appropriate and I give permission to Special Olympics Arizona to make inquiry of others concerning my suitability to act as a Special Olympics Arizona volunteer.
- In the course of volunteering for Special Olympics Arizona, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Arizona permission to use my likeness, voice and words in televisions, radio, or in any form to promote activities of Special Olympics Arizona.
- I authorize Special Olympics Arizona to periodically access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be a volunteer for a position of trust over individuals with disabilities and convey that determination to the qualified entity. I hereby release Special Olympics Arizona, all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.
- I have read and agree to the correct code of conduct which refers to the volunteer position I am applying for (ex: Coaches Code of Conduct, Volunteer Code of Conduct, etc.).

By signing, I affirm I have read the above and the information I have given is true and complete and I agree to abide by the guidelines and stipulations for behavior and activities as specified by Special Olympics Arizona.

X _____
Signature

_____ Date

For Authorized Personnel Only - Photo ID verification

- By signing, I affirm all of Part 1- general information appears to be genuine and I have verified the information with a current photo ID.

X _____
Signature Date

For Office Use Only - Background Check

- Approved - No Restrictions
- Approved - Restricted from driving on behalf of SOAZ
- Disapproved

SOAZ Staff: _____ Date: _____

Any questions regarding the completion of this form, please call 1-800-289-4946. Upon completion, mail to: Special Olympics Arizona, Volunteer Coordinator, 2100 S. 75th Ave - Phoenix, Arizona 85043