

Class A Volunteer & Unified Partner Registration Application

- A Class A Volunteer & Unified Partner has regular, close physical contact with athletes, is in a position of authority or supervision with athletes, is in a position of trust of athletes and /or handles cash, checks or other assets of SOKS.
- To serve as a an Class A Volunteer or Unified Partner for Special Olympics Kansas, you must complete the following:

- 1) Submit Class A Volunteer & Unified Partner Registration Application:
5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@kssso.org
- 2) Class A and Unified partners who are 18 years and older are required to complete the Online Protective Behaviors Training www.kssso.org/pb

Registration Type (mark one or both) Volunteer Unified Partner
Are you a new or Re-Registering? New Re-Registering

Volunteer / Unified Partner Information			
First Name:	MI:	Last Name:	
Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity		
Address:	City:	State:	Zip:
Cell Phone: ()	Home Phone: ()		
Employer:	Email:		
LOCAL PROGRAM NAME/SCHOOL NAME:			
Race/Ethnicity (Optional):			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White		<input type="checkbox"/> Hispanic or Latino (specific origin group):	
Language(s) (Optional): Mark all that apply			
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
		<input type="checkbox"/> Other (please list)	
PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)			
Name:		Relationship:	
<input type="checkbox"/> Same as contact information above			
Address:			
City:		State:	Zip:
Phone: ()		E-mail:	
EMERGENCY CONTACT INFORMATION			
Name:		Relationship:	Phone: ()
BACKGROUND INFORMATION (only required for participants 18 years and older)			
Do you use illegal drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a criminal offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been charged with and/or convicted of neglect, abuse or assault?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your driver's license ever been suspended or revoked in the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: DL#		State:	

Please read the following:

- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Kansas and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by either the volunteer or Special Olympics Kansas.
- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.

HEALTH INFORMATION **Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physical able to participate.

Please mark if you have any of the following conditions and provide details:

- | | |
|--|---|
| <input type="checkbox"/> Special Dietary Needs: | <input type="checkbox"/> Epilepsy or Seizure Disorder: |
| <input type="checkbox"/> Allergies: | <input type="checkbox"/> Neurological Condition: |
| <input type="checkbox"/> Assistive or Implantable Devices: | <input type="checkbox"/> Diabetes: |
| <input type="checkbox"/> High Blood Pressure: | <input type="checkbox"/> Sickle Cell Anemia/Trait: |
| <input type="checkbox"/> Heart Condition: | <input type="checkbox"/> Chronic Infection: |
| <input type="checkbox"/> Asthma or Respiratory Condition: | <input type="checkbox"/> Missing Organ (e.g. spleen, kidney): |
| <input type="checkbox"/> Mental Health Condition: | <input type="checkbox"/> Other Health Conditions: |

Please list any medications, vitamins, or dietary supplements below:

Medication Name	Dosage	Times per day

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 am 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 Special Olympics ("personal information").

I agree and consent to Special Olympics:

- 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.
- Using my contact information for communicating with me about Special Olympics.
- Sharing my personal information confidentially 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, and (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 privacy policy at www.specialolympics.org/privacy-policy.aspx.

7. 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 authorized any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.

8. Waiver and Liability Releases. 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.

Printed Name:

VOLUNTEER / UNIFIED PARTNER SIGNATURE (required for adult with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Volunteer/Unified Partner Signature: _____ Date: _____

PARENT / GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on the behalf of the participant.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____