

**Special Olympics**  
Georgia



To: All Special Olympics Georgia agencies  
Re: New Accreditation Policy  
From: Special Olympics Georgia

Dear Agency:

Special Olympics Georgia has made a few changes to the Accreditation Policy. These changes were made to benefit you as an agency. Special Olympics Georgia greatly appreciates all you do, and we are continually striving to streamline the accreditation process. Please note the following changes:

1. Accreditation is now valid for two (2) years. For example, if you send in accreditation paperwork on November 1, 2012 you are accredited until November 1, 2014.
2. While you must still turn in a calendar for the two-year time period, we understand that dates are tentative since they must be set so far in advance. However, please continue to attempt to uphold the dates as best you can.
3. Since accreditation now lasts for two years, you no longer have to turn in Competition Sanctioning Forms or Fundraising Authorization Forms along with the accreditation paperwork, although you may continue to do so if you prefer. **Competition Sanctioning Forms and Fundraising Authorization Forms must now be completed and returned to SOGA at least 30 days prior to the event.**
4. It is preferred to have ALL management team positions filled, however, it is MANDATORY that there are at least seven management team members and the positions of Chairperson, Treasurer (if you have a SOGA bank account) and Athlete MUST be filled.
5. **Please note the deadline: November 1, 2012. Existing agencies who do not turn in their accreditation paperwork by November 1<sup>st</sup> will not be allowed to participate in any Special Olympics Georgia related activities.**

Thank you for your continued support of Special Olympics Georgia. Please note these new changes and keep them in mind for future accreditations.

Sincerely,  
Special Olympics Georgia Staff

**Special Olympics Georgia Agency Accreditation**

**Agency Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Area/County:** \_\_\_\_\_  
**Local Coordinator Name:** \_\_\_\_\_  
**Local Coordinator Phone/E-Mail:** \_\_\_\_\_  
**Signature of Local Coordinator:** \_\_\_\_\_  
\_\_\_\_\_

**ACCREDITATION CHECKLIST**

**Required (EACH requirement below must be completed in order for your accreditation to be complete. Anything not completed will result in your accreditation to not be accepted):**

- Management Team List with at least seven of the positions filled. (Local Coordinators cannot serve on the Management Team). The positions of Chairperson, Treasurer (if you have a SOGA bank account) and Athlete MUST be filled.
  - Signed Job Descriptions for each Management Team Members (Job descriptions for EACH management team member must be signed and dated for this accreditation).
  - Completed Volunteer and Coach Profile forms for EACH Management Team Member
  - Completed Protective Behaviors Training for EACH Management Team Member. Go to [www.specialolympics.org/protectivebehaviors](http://www.specialolympics.org/protectivebehaviors) to complete the training.
- Submit Goals and Objectives for upcoming TWO years. Please include:
  - Goals must include: annual athlete participation increase of at least 1.5% (i.e. Growth Proposal- how your agency will expand during the next two years).
  - At least FIVE goals must be included.
- Submit evaluation of previous years goals.
  - Each goal from the previous years must be listed and reviewed with an explanation of how goal was reached or why goal was not met.
- Submit Tentative Calendar of Events including:
  - Dates and locations of meetings
  - Dates and locations of competitions (i.e. Area Fall Games, State Summer Games)
  - Dates of Fundraising Projects
- If you have a SOGA Bank Account:
  - Submit a copy of the current Signature Card and Corporate Resolution. Both must include signatures of the CEO, Vice President of Programs and necessary members of the management team. The name of the bank account must also be Special Olympics Georgia- Area # or Agency Name
- Submit an annual budget including ALL projected revenues and expenditures

**Other:**

- A Competition Sanctioning Form must be submitted to SOGA at least ONE MONTH prior to each competition you are hosting.
- A Fundraising Authorization Form must be submitted to SOGA at least ONE MONTH prior to each fundraising event
- If another agency participates under your accreditation, please list that organization:

**Submit Completed Packets to: Special Olympics Georgia, 4000 Dekalb Technology Pkwy., Building 400, Suite 400, Atlanta, GA 30340 or via e-mail to your Regional Manager**

## SPECIAL OLYMPICS GEORGIA MANAGEMENT TEAM MEMBERS

Area/Agency \_\_\_\_\_

<b>Management Team Position</b>	<b>Name &amp; Profession</b>	<b>Address</b>	<b>Phone/Fax/E-Mail</b>
<b>Chairperson</b>			
<b>Secretary</b>			
<b>Volunteers</b>			
<b>Training</b>			
<b>Public Relations</b>			
<b>Competitions</b>			
<b>Finance/Treasurer</b>			
<b>Fundraising</b>			
<b>Athlete</b>			
<b>Family</b>			

\*\*\*Contact information for each team member must be filled out completely\*\*\*

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Management Team Chairperson

**OBJECTIVE:** The Chairperson oversees the organization of regular meetings, projects, etc. for a Management Team in a specified geographical area. The Chairperson is the liaison to the SOGA state office and staff.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA bylaws and SOI policies regarding Management Teams.
- Organize and lead all Management Team meetings effectively and efficiently.
- Communicate regularly with other Management Team Members and the Local Coordinator.
- Oversee the development and implementation of the annual competition plan.
- Develop the monthly meeting agenda with the input of the Local Coordinator.
- Lead and motivate all Management Team assignments.
- Direct the successful, punctual completion of the Accreditation Process.
- Consistently provide feedback and evaluation to all Management Team members.
- Supervise the orientation and training of Management Team members.
- Supervise the recruitment of new Management Team members.
- Ensure that 1-3 fundraising events are implemented annually.
- Develop a written plan for the Management Team, including outlined annual objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long committment
- Management Team meetings are to be held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Refined oral and written communication skills.
- Knowledge of the Special Olympics Georgia Program.
- High level organizational skills.

For additional support and resources or if you have questions, call your Regional Manager at the State Office. 1-800-866-4400.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM SECRETARY  
JOB DESCRIPTION**

**JOB TITLE:** Secretary

**OBJECTIVE:** The Secretary is the communication link among the Management Team Members, the Local Coordinator and the SOGA state office and staff.

**MANDATORY RESPONSIBILITIES:**

- Attend and fully participate in Management Team meetings.
- Report the minutes from the previous Management Team meeting.
- Record accurate minutes at meetings; type and distribute minutes to all Team members, Local Coordinator, SOGA Regional Manager, and SOGA Senior Regional Manager (via Intranet if possible).
- Mail meeting notices to ensure meetings are well attended.
- Send special notices for upcoming events (fundraisers, competitions, etc.).
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Secretary will be evaluated annually.

**HELPFUL SKILLS:**

- Previous volunteer or paid leadership experience a plus.
- Knowledge of the Special Olympics Georgia Program is helpful.
- Well developed oral and written communication skills.

For additional support and resources or if you have questions, call your Regional Manager at the State Office. 1-800-866-4400.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM FINANCE CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Finance Chairperson

**OBJECTIVE:** The Finance Chairperson Identifies the Program's financial needs and manages funds raised by the local Special Olympics program throughout the year.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding finance and fundraising. (See Financial Management Guide)
- Attend and fully participate in Management Team Meetings.
- Communicate regularly with other Management Team Members.
- Ensure that an annual budget is developed based upon the Program's needs.
- Forward the budget to the Management Team for approval and submit to SOGA as part of Accreditation.
- Send required financial reports & bank statements to the SOGA state office monthly.
- Keep accurate records of all income and expenditures.
- Analyze outcome of fundraising projects.
- Establish checking (and savings) account under direction of SOGA Office.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Coordinate with the Regional Manager/Local Coordinator a planned budget of expenditures and revenue
- Present a financial statement at each called or regular meeting of the Management Team for approval.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Finance Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Experienced in finance and/or accounting.
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, call the Program Services Manager at the State Office. 1-800-866-4400 ext 114.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM FUNDRAISING CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Fundraising Chairperson

**OBJECTIVE:** The Fundraising Chairperson develops and implements projects and activities throughout the year to raise funds that support the needs and growth of the local Special Olympics Program.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA and SOI policies and guidelines regarding sponsors, fundraising, language guidelines, use of logo, and credit line.
- Attend and actively participate in all Management Team meetings.
- Communicate with other Team Members on a regular basis.
- Coordinate fundraising activities.
- Evaluate fundraising plans and set goals annually.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Recognize and thank volunteers who staff the various fundraising special events, with the help of the Volunteer Chairperson.
- Identify prospective donors and develop a strategy for engaging them.
- Maintain a current file on sponsors and donors.
- Ensure proper donor and sponsor recognition
- Conduct diversified fundraising:
  1. Special events
  2. Individual and corporate gifts and sponsorships – cash and in-kind
  3. Sponsor an athlete or team
  4. Civic and fraternal service projects
  5. Piggyback on SOI/SOGA promotions
- Analyze all fundraisers for gross and net results as well as public relations value.
- **Submit fundraising project authorization form to the SOGA Office 30 days prior to the start date of each project.**
- **Submit In-Kind Donation Forms to SOGA.**

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Fundraising Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Experience with fundraising
- Well developed oral and written communication skills

For additional support or if you have questions, call the Development Director at the State Office. 1-800-866-4400 ext 111.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM VOLUNTEER CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Volunteer Chairperson

**OBJECTIVE:** The Volunteer Chairperson establishes and oversees the volunteer management system (recruits, screens, places, trains, supervises, and evaluates); secures a sufficient number of volunteers for staffing all Management Team and coaching needs.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding volunteer screening.
- Attend and actively participate in Management Team meetings.
- Communicate with other Management Team Members on a regular basis.
- Ensure proper files and forms are completed for each volunteer.
- Assist with relieving volunteers of their duties when necessary or requested.
- Obtain a list of the types of volunteers needed from Local Coordinator and other Chairpersons.
- Develop a recruitment calendar that lists names of events, number of volunteers needed, and recruitment deadlines.
- Prepare volunteer recruitment public service announcements (PSA's) and articles in conjunction with the Public Relations committee.
- Use the Volunteer & Coach Profile form required by SOGA (which adheres to the US Chapters General Rules Volunteers Screening Policy).
- Maintain central listing or database of all volunteers.
- Follow-up with referrals from local volunteer agencies (i.e.RSVP).
- Develop and maintain a Volunteer Recognition program.
- **Adhere to SOGA specific and SOI policies regarding protective behaviors and make sure all volunteers are familiar with this policy.**

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Volunteer Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Commitment to the philosophy, needs, and rewards of volunteerism.
- Well developed organizational and communication skills
- Database knowledge or commitment to learn.
- Desire to work with people from diverse backgrounds.

For additional support or if you have questions, call the Volunteer and Event Manager at the State Office. 1-800-866-4400 ext 120.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM PUBLIC RELATIONS CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Public Relations Chairperson

**OBJECTIVE:** The Public Relations Chairperson develops and implements on-going activities, materials, and media opportunities to increase community awareness of Special Olympics.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding language guidelines, use of logo, and credit line.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team members on a regular basis.
- Develop a year-round Public Relations/Education plan and implement PR activities.
- Compile a media and PR directory of all newspapers, PR agencies, publications, radio and TV stations in the area.
- Inventory all PR materials annually.
- Establish and utilize a Speakers Bureau that includes Global Messenger athletes and youth.
- Promote Fundraising, Quality Growth, Families, Sports, & Volunteer needs.
- Prepare press releases for public release on radio, TV and print.
- Compile a mailing list of local programs, school districts, schools, universities, institutions, community organizations, local businesses, sponsors, and radio and TV stations who should receive copies of memos/newsletters.
- Prepare all official communications directed by the Local Coordinator (Invitations, PR statements, advertisements, etc...).
- Utilize business' marquees, billboards, business cards, movie advertisements, and cable community calendars for promotions.
- Develop a Program Fact Sheet.
- Write a proclamation for the Mayor to establish a Special Olympics Week or Day. Arrange a press conference for the signing of the proclamation for radio or TV.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Public Relations Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Public Relations experience a plus.
- Knowledge of media outlets in the community.
- Refined oral and written communication skills
- Interview experience: Prepare to be interviewed on radio and TV programs and by reporters.

Contact the Public Relations Manager for additional support, resources, or to answer questions.  
1-800-866-4400 ext 117.

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Signature

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Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM FAMILY CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Family Chairperson

**OBJECTIVE:** The family Chairperson will increase family involvement with Special Olympics athletes to strengthen family ties, promote awareness of people with intellectual disabilities and to assure the continuing quality of the Program.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team Members on a regular basis.
- Develop a Family Plan which incorporates the following: recruits additional Special Olympics athletes and their families, encourages family members to show support and play a major role in educating the public about Special Olympics, encourages family members to promote Special Olympics within the school system, other organizations and the community.
- Create a Program-wide mailing list of interested families.
- Develop a mechanism for disseminating information to families (i.e., newsletters or family section in existing newsletter).
- Refer family members to the Family Action Network and other committees and volunteer assignments at competitions and events.
- Develop a referral system for families who wish to attend coaches clinics, special events, family seminars and competitions.
- Coordinate efforts with the Outreach Chairperson to recruit more families and athletes.
- Arrange for a registration/hospitality tent for families at competitions.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Family Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Family member of a Special Olympics athlete.
- Well developed organizational and communication skills.
- Ability to motivate and communicate.
- Ability to delegate responsibilities to committee members.
- Ability to speak in front of a large targeted audiences.

For additional support and resources or if you have questions, call the Vice President of Programs at 229-834-3434.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM TRAINING CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Training Chairperson

**OBJECTIVE:** The Training Chairperson provides training clinics for coaches, officials, athletes, Games Management Teams and Competition Directors; and oversees the development of sports programs for all athletes.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Organize and conduct approved coach's clinics and GMS trainings for coaches in conjunction with the SOGA Senior Sports Manager.
- Ensure an application for the Special Olympics Sports Training Certificate is completed by each participant attending a coach's clinic.
- Ensure that each local coach that is training athletes submits a Coach's registration form to the state office.
- Compile a resource list of professionals in the fields of athletics, sports, celebrities, university professors, sports officials, and coaches who would be able to assist with the sports training program.
- Develop a system to thank coaches, clinicians, Sports Directors, and facility and equipment lenders on an on-going basis.
- Assist the SOGA Senior Sports Manager in notifying coaches, prospective coaches, teachers, and Special Olympics athletes of all upcoming training opportunities.
- Assist with securing facilities for training and competitions free of charge.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Training Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Know a variety of sports contacts for recruiting volunteer coaches and clinicians.
- Well developed organizational and communications skills
- Well developed management and supervision skills.
- Former experience with Special Olympics (a certified Special Olympics coach, official, or Games Director is preferred).

For additional support and resources or if you have questions, call the Senior Sports Manager at the State Office. 1-800-866-4400 ext 122.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM COMPETITION CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Competition Chairperson

**OBJECTIVE:** The Competition Chairperson recruits and manages a team of volunteers for each competitive event conducted to ensure the availability of quality, Olympic-type competitions in a safe environment for Special Olympics athletes.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies regarding training, competition, eligibility, and safety.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Teams, Officials, and Coaches on a regular basis.
- Ensure the development and implementation of an annual competition plan.
- Submit a Competition Sanctioning Form to SOGA for all competitions.
- Publish a calendar of competitions.
- Develop a competition budget.
- Secure quality facilities and equipment.
- Monitor competitions for adherence to Special Olympics sports rules.
- Ensures that medical and safety requirements are met.
- Conduct evaluations of each competition.
- Conduct annual evaluations of competition plans, goals, and objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Competition Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Pre-established relationships with sports and other contacts in the community helpful.
- Ability to stimulate community involvement in competitions.
- Prior experience conducting sports events and working with individuals with intellectual disabilities (preferably, the Competition Chairperson will has prior experience as a member of at least one Games Evaluation Team or Games Management Team).
- Well developed organizational and communication skills.

Contact your Sports Manager for additional support, resources, or to answer questions.  
1-800-866-4400.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL OLYMPICS GEORGIA  
MANAGEMENT TEAM ATHLETE CHAIRPERSON  
JOB DESCRIPTION**

**JOB TITLE:** Athlete Chairperson

**OBJECTIVE:** To work as part of the Area/Local Management Team to improve Special Olympics on the Area/Local level by giving valuable input from an athlete's perspective. To give feedback to the Management Team from other Special Olympics athletes concerning any changes that needs to be implemented on a Local/Area level.

**MANDATORY RESPONSIBILITIES:**

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management team Members on a regular basis.
- Encourage and refer potential athletes to the Special Olympics Georgia program.
- Promote Family Action Network to other athletes and their families.
- Serve as a liaison between the Area/Local Management Team and Special Olympics athletes.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

**TIME COMMITMENT AND TIME FRAME:**

- This is a year long commitment.
- Management Team meetings are held once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Athlete Chairperson will be evaluated annually.

**HELPFUL SKILLS:**

- Must be a registered athlete.
- Ability to communicate effectively with Management Team members and give input.
- Ability to speak in front of targeted audiences.

For additional support and resources or if you have questions, call your Regional Manager at the State Office. 1-800-866-4400.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Special Olympics  
Goals for 2013-14  
(at least FIVE goals must be included below)**

1. Annual athlete participation increase of at least 1.5% (This goal MUST be included in accreditation).

**Special Olympics  
Review of 2011 - 2012 Goals**

**\*\*\* Please write a review of ALL your goals from 2011-12 and write which ones were met and which ones need further attention in 2013-14. If a goal was not met, explain why.**

**\*\*\*If you are a new agency, please write "We are a new agency and therefore have no previous goals to review" below.**

Special Olympics  
Proposed Budget 2013-14

**Revenues**


**Expenses**




Special Olympics  
2013-14 Calendar of Events

**: 2013-14 CALENDAR**



**Special Olympics  
Georgia**

**COMPETITION SANCTIONING FORM**

Special Olympics Incorporated (SOI) requires that all Competitions be sanctioned. In order to hold an *Official* Special Olympics competition, you must submit this form to the Special Olympics Georgia State Office with your Accreditation packet in January. Notify the SOGA Office of any changes in date / location of event. **ALL information must be completed for approval.**

AREA / LOCAL PROGRAM: \_\_\_\_\_

NAME OF COMPETITION: \_\_\_\_\_  
(Example: Rockdale County Summer Games, Area 6 Softball Tournament, etc.)

COMPETITION SITE & CITY: \_\_\_\_\_

COMPETITION DIRECTOR'S NAME: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COMPETITION DATE: \_\_\_\_\_ RAIN DATE: \_\_\_\_\_

What Official Special Olympics sports will be offered?

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

List any other events / activities that will be offered:

\_\_\_\_\_

Will a Special Olympics Georgia approved torch be used during this event?

\_\_\_\_\_

Name the volunteer responsible for the use of the said torch:

\_\_\_\_\_

I verify all information given is accurate and true for the competition:

Local Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**SOGA OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_  
APPROVED: \_\_\_\_\_  
DENIED: \_\_\_\_\_

**RETURN FORM TO:**

Sr. Coach Education & Program Mgr.  
Special Olympics Georgia  
4000 Dekalb Technology Pkwy  
Suite 400, Building 400  
Atlanta, GA 30340  
Fax #: 770-216-8339

REASON: \_\_\_\_\_

SR. COACH EDUCATION AND PROGRAM MANAGER SIGNATURE: \_\_\_\_\_

Updated: 2/4/09

# VOLUNTEER / COACH / BUS DRIVER / NURSE / ETC. PROFILE FORM



**PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Please return to Volunteer & Event Manager via fax: 770-216-8339.  
Or mail to: 4000 Dekalb Technology Parkway, Suite 400, Building 400, Atlanta GA 30340  
SOGA phone: 770-414-9390 x 120  
Visit us on the web: [www.specialolympicsga.org](http://www.specialolympicsga.org)

Check if you are a  General Volunteer  Coach  Unified Partner  Bus Driver  
 GMT/Committee Member  Local/Area Management Team  Other (please list) \_\_\_\_\_

FULL NAME \_\_\_\_\_ Date: \_\_\_\_\_ Gender: Male F  Male   
*First Middle Last*

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race (optional):  Caucasian  African American  Hispanic/Latino  Asian  Other

Employer & Occupation: \_\_\_\_\_ Business/School/Civic Club Affiliation: \_\_\_\_\_

Special Olympic Agency: \_\_\_\_\_ Area: \_\_\_\_\_

**PHOTO ID CHECK** – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

Enclosed is a photo copy of my driver's license

I, \_\_\_\_\_ verify that the person on this Profile Form has represented his/her  
(\* Full name of representing Volunteer) identity to the best of my knowledge:

\_\_\_\_\_  
*Signature of Class A Volunteer Date*

**\* Only the following volunteers can complete a photo ID check**

Please circle your volunteer status: • Local Coordinator • Local Management Team • Area Management Team •  
• State Games Management Team • SOGA Staff

Please visit [www.SpecialOlympics.org/ProtectiveBehaviors](http://www.SpecialOlympics.org/ProtectiveBehaviors) to complete Protective Behaviors Training.

Please list the date that the Protective Behaviors Training was completed: \_\_\_\_\_

How did you hear about Special Olympics Georgia? \_\_\_\_\_

- 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 criminally 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) Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? Yes \_\_\_ No \_\_\_

If you answered "Yes" to any of the above questions, please explain below; giving date, charge, state, etc.

*\*If you answered yes to any of the above questions, it does not automatically mean you will be ineligible to volunteer.*

**List 2 non-family references:**

**Name: Relationship: Address or Phone Number:**

1)

2)

**In the event of an emergency, contact:** \_\_\_\_\_  
Name Relationship Phone

**PLEASE READ BEFORE SIGNING:** I understand that:

- By signing this form I authorize Special Olympics and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteerism now and, if applicable, during the tenure of my volunteer service with Special Olympics.
- By signing this form I release Special Olympics and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.
- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics 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.
- I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics.
- I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge (this information may be used for screening purposes). Please Print All Information:

**Full Legal Name:** \_\_\_\_\_

**Maiden Name or other names used:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**How long?** \_\_\_\_\_

**Former Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**How Long?** \_\_\_\_\_

**Place of Birth (city,state)** \_\_\_\_\_

**Height Weight Eyecolor** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State of License:** \_\_\_\_\_

**IMPORTANT: All of the information on this form MUST be filled out completely INCLUDING your social security number. Forms that are not filled out entirely will not be processed.**

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (770) 414-9390 or 1 800 866-4400 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

**I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.**

**Volunteer's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian if Volunteer is a Minor** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Updated September 2011*

# Special Olympics Georgia Fundraising Project Authorization Form

Permission to conduct any fundraiser project to benefit Special Olympics in the State of Georgia must be requested at least **30 days** prior to the project's start date. It is anticipated that any/all fundraising projects will be limited to special events (e.g. car washes, dinners, softball tournaments, road races, etc.) and occasional requests to locally owned businesses for in-kind gifts of products/services to support games and competitions. A comprehensive list of all prospects to be solicited must be submitted to the State Office for approval. In almost all cases, direct approaches to 1) large corporations, 2) businesses that are not specifically locally owned and operated, and/or 3) any company or business that sponsors SOGA or SOI events should not be planned. SOGA will not assume responsibility for any expenses incurred from your event.

**Please note: before any solicitations in your community can start or any publicity announcing your event begins, approval must be granted by Special Olympics Georgia State Office, even if you have completed this form for the same event in past years, you must fill it out for the current year.**

AREA: LOCAL PROGRAM/COUNTY:

PROJECT/EVENT NAME:

DESCRIPTION (including location, target population, cost per person, and event details):

HOW DO YOU INTEND TO RAISE MONEY WITH THIS FUNDRAISER (check all that apply to this fundraiser)?

\_\_\_\_\_ Sale of Merchandise/Goods      \_\_\_\_\_ Sponsorship/Direct Donations Requests      \_\_\_\_\_ Event

PROJECTED INCOME: PROJECTED EXPENSES OF FUNDRAISER:

DATE OF EVENT/PROJECT: # OF PARTICIPANTS:

WILL YOU NEED LIABILITY INSURANCE COVERAGE FOR YOUR EVENT? YES NO  
(fees for insurance coverage must be paid by your local/area program)

COORDINATOR'S NAME/TITLE:

EMAIL: PHONE #:

COORDINATOR'S ADDRESS:

ITEMS/ASSISTED NEEDED FROM STATE OFFICE (this could include listing on the SOGA website if desired):

LIST OF BUSINESSES TO BE CONTACTED (attach a separate sheet if necessary):

**Please fill out this form completely** and **mail** to Special Olympics Georgia, 4000 DeKalb Technology Pkwy, Bldg 400, Suite 400, Atlanta, GA 30340; **or fax** to 770-216-8339; **or e-mail** to [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org). If you have any questions, please don't hesitate to contact Susan Skolnick, Director of Development and Major Gifts at 770-414-9390 x 111 or [susan.skolnick@specialolympicsga.org](mailto:susan.skolnick@specialolympicsga.org).

FOR STATE OFFICE USE

APPROVED: DATE: ACTION:

Revised 1/28/10



## 2012 Value-In-Kind Contribution Form

(Product/ Services Donation Form)

(Check one) State \_\_\_ Area \_\_\_ Local \_\_\_ Booked \_\_\_ Unbooked \_\_\_

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**Individual/ Company Name** **RE Id # if applicable**

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Contact Name email Address

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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( )		( )	

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<b>Telephone</b>	<b>Fax</b>
/ /	

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<b>Contribution Date of Product or Service</b>	<b>Dollar Value Stated by Donor*</b>
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**Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values)**

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**Contribution was used for (event, fundraiser, area, general, etc.):**

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**Form completed by:** \_\_\_\_\_

*\*Receipt needed if dollar value is \$5,000 or more*

**Please return completed form to Addison Sanford @:**

**By E-mail:** [addison.sanford@specialolympicsga.org](mailto:addison.sanford@specialolympicsga.org)

A.

**B. By Mail: Special Olympics Georgia**

4000 DeKalb Technology Parkway  
 Building 400, Suite 400  
 Atlanta, Georgia 30340-4270

**By Fax:** (770) 216-8339

**FOR SOGA STAFF USE ONLY:**

**Would you like to add a personal note to the acknowledgement (state office employees only)?**    **No**  
**Yes**

Entered into Notebook \_\_\_\_\_ Entered into Spreadsheets \_\_\_\_\_