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

Please return to Volunteer & Program Manager via fax: 404-745-0550 Or mail to: 1601 N. Ashley St., Suite 88, Valdosta, GA 31602 OR 6046 Financial Drive, Norcross, GA 30071 or scan and email to: miranda.moore@specialolympicsga.org Phone (229)-712-9973 OR Phone (770)-414-9390 ext.1116 OR Phone 229-834-8277

Visit us on the web: www.specialolympicsga.org

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

To expedite your application, go to www.verifiedvolunteers.com and login to submit your background screen. (Enter Good Deed code: wnoc4cz)

Next Steps: (Required of ALL Class A Volunteers age 18 and older)

1. Protective Behaviors Training
   - Please visit www.SpecialOlympics.org/ProtectiveBehaviors to complete Protective Behaviors Training.
   - Please list the date that the Protective Behaviors Training was completed: __________________________

2. Background Check using Verified Volunteers
   - Go to www.verifiedvolunteers.com and click LOGIN at the top right corner
   - Create a Volunteer account
   - When asked for Good Deed Code, enter wnoc4cz
   - Please list the date that the Verified Volunteers Background check was completed: __________________________

Other Requirements for coaches, chaperones, bus drivers:
Please visit http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion+in+sports to complete Concussion Training.

Please answer the following questions honestly:

Do you use illegal drugs? __________ Have you ever been convicted of a criminal offense? __________
Have you ever been charged with and/or convicted of neglect, abuse, or assault? __________________
Has your driver’s license ever been suspended or revoked in any state or other jurisdiction? __________

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.
SOGA Housing Policy – Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex.

PLEASE READ BEFORE SIGNING: I understand that:

- 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 Georgia 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 Georgia.
- 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 and to participate as a volunteer at any Special Olympics Georgia event.
- If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay $3.00 for my background screening through Verified Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

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 (229) 712-9973 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.

By signing below I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.