

**Date:** \_\_\_\_\_ **Special Olympics Georgia Umbrella Agency Accreditation**  
**Agency Name:** \_\_\_\_\_ **Area/County:** \_\_\_\_\_  
**Local Coordinator Name:** \_\_\_\_\_  
**Local Coordinator Phone/E-Mail:** \_\_\_\_\_  
**Signature of Local Coordinator:** \_\_\_\_\_  
**Is This a NEW Agency:** \_\_\_\_\_

## **UMBRELLA 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):**

- ☐ A signed Umbrella Agreement must be completed by both the umbrella agency and the agency who is currently accredited with Special Olympics Georgia over the umbrella agency.
- ☐ Local Coordinator and Treasurer (Treasurer can only be omitted if you do not have a SOGA bank account)
  - 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 Profile forms for EACH Management Team Member
  - Completed Protective Behaviors Training for EACH Management Team Member. Go to <https://learn.specialolympics.org> to complete the training.
  - Completed Background Screen through <https://app.verifiedvolunteers.com> (Good Deed Code: 7n9744i)
- ☐ If you have a SOGA Bank Account:
  - Submit a copy of the current Signature Card, which must include signatures of the CEO and Chief Sports Program Officer or the Director of Program Services, and necessary members of the management team. The name of the bank account must also be Special Olympics Georgia- Area # or Agency Name. **The CEO AND the Chief Sports Program Officer or Director of Program Services of Special Olympics Georgia MUST be listed on all Signature Cards.**
  - Submit an annual budget including ALL projected revenues and expenditures
  - PLEASE NOTE: You are not allowed to fundraise using the name, logo or any items that are the property of Special Olympics Georgia unless you have a SOGA bank account.

### **Other:**

- ☐ **Please note the deadline: November 1, 2022. Existing 2021-2022 accreditations expire on November 1, 2022. 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 until new accreditation is accepted and approved. Accreditations not completed before December 31<sup>st</sup> will be penalized with a 3-month suspension period during which that agency will not be allowed to compete at any local, area, or State events (even if the accreditation is completed before the event). Complete details regarding suspension are included in the SOGA Suspension Policy.**
- ☐ A Competition Sanctioning Form (page 4) or a Fundraising Authorization Form (page 6) must be submitted to SOGA at least ONE MONTH prior to each competition/fundraising event you are hosting.

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**Submit Completed Packets to: Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071  
or via e-mail to your Program Manager**



## Umbrella Agency Agreement

By signing this Agreement, I, \_\_\_\_\_, serving as the  
(PRINT YOUR NAME)

Local Coordinator / Chairperson for \_\_\_\_\_  
(CIRCLE ONE) (AGENCY NAME)

in Area \_\_\_\_\_, approve that the Umbrella Agency below may be considered accredited under our existing accreditation. I will do my best to enforce the guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Staff of any future changes to this agreement.

\_\_\_\_\_  
Signature of Local Coordinator/Chairperson

\_\_\_\_\_  
Date

**Umbrella Agency:** \_\_\_\_\_

By signing this Agreement, I, \_\_\_\_\_, serving as the  
(PRINT YOUR NAME)

Local Coordinator for \_\_\_\_\_ in Area \_\_\_\_\_,  
(UMBRELLA AGENCY NAME)

understand that while acting as an Umbrella Agency we will be considered accredited under the above agency's accreditation. Therefore, I agree that  
\_\_\_\_\_ and all individuals involved/affiliated with  
(UMBRELLA AGENCY NAME)

our agency, will follow all guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Staff of any future changes to this agreement.

\_\_\_\_\_  
Signature of Umbrella Agency Local Coordinator

\_\_\_\_\_  
Date



SPECIAL OLYMPICS GEORGIA, INC.  
LOCAL COORDINATOR VOLUNTEER AGREEMENT

Local Coordinators are volunteer affiliates from schools, associations, institutions and other registered agencies. Local Coordinators are responsible for the following:

- All games wish lists, Athlete Application for Participation Forms and games fees (for all eligible athletes in the area), and agency accreditation
- Establishing and developing year-round training programs at the local level
- Securing game entry requirements (times, scores, distance, and team assessments) and submitting them to appropriate games personnel
- Submitting the Fundraising Project Authorization form for all local fundraising projects
- Publicize objectives and accomplishments of the local program to encourage public cooperation and assistance
- Attending all local and area organizational meetings
- Having Athlete Participation Forms at all local, area and state competitions and training sessions.
- Gathering and submitting Volunteer/Unified Partner profile forms, Coach Code of Conduct form, Protective Behaviors trainings, and Concussion trainings.
- Providing a year round training program for Special Olympics athletes in the community
- Recruiting volunteers to help with training sessions and games
- Encouraging parents to work with their athletes
- Understanding and enforcing the housing policy set forth by Special Olympics Georgia at any Special Olympics Georgia sanctioned event – a copy of this policy can be found on the back of the athlete participation form

I am aware that the position of Local Coordinator is a volunteer position. However, in some circumstances if the Local Management Team agrees to pay a stipend for services rendered:

- Payment received for the performance of the above duties cannot exceed \$1,500.00 annually
- Payment from which no deductions will be withheld, including Federal and State tax, F.I.C.A. tax, retirement and employee insurance
- Accumulated amounts of \$600.00 or more for a year beginning January 1 through December 31 will be reported on a 1099 form (Miscellaneous Income) to be included on your income tax returns
- Special Olympics Georgia, Inc. will file the 1099 with both the Internal Revenue Service and State of Georgia Income Tax Division

I do hereby agree to run the Special Olympics Georgia program in my area or for my agency and to abide by the terms of agreement listed above. I will perform the duties listed above to the best of my ability:

Special Olympics Georgia, Incorporated employs the Affirmative Action plan which gives equal employment/volunteer opportunities to all applicants regarding race, color, religion, sex or national origin.

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

Signature of Local Coordinator \_\_\_\_\_ Signature of SOGA Representative \_\_\_\_\_

Print your name \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_  
Phone (Business)

\_\_\_\_\_-\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_-\_\_\_\_\_  
Fax

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

**JOB TITLE:** Finance Chairperson (NOT REQUIRED IF YOU DO NOT HAVE A SOGA BANK ACCOUNT)

**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 Program 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 2 year 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 your Program Manager at the State Office. 770-414-9390

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*REMINDER: No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event or activity, or as a fee for the athletes' participation in any Special Olympics training or competition.

**Special Olympics Georgia  
Proposed Budget 2023-2024**

**Revenues**

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**Expenses**

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\*A budget is no longer required if you do not have a Special Olympics Georgia bank account.

\*Reminder: No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics Georgia without a Special Olympics Georgia bank account



## 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 November. 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: DeKalb County Summer Games, Area 2 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. _____ |
| 2. _____ | 4. _____ |

*Which of these sports will offer UNIFIED competition?* \_\_\_\_\_

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: \_\_\_\_\_

SOGA Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

### SOGA OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

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

### RETURN FORM TO:

Chief Sports and Program Officer  
[David.Crawford@specialolympicsga.org](mailto:David.Crawford@specialolympicsga.org)  
Special Olympics Georgia  
3998 Inner Perimeter Road, Ste. A  
Valdosta, GA 31602  
Fax #: 404-393-2929

Chief Sports and Program Officer SIGNATURE: \_\_\_\_\_



Dear Area Coordinators, Local Coordinators, and Fundraising Chairs:

**Thank you so much** for all of that you do for Special Olympics Georgia – we are very lucky to have such committed and dedicated volunteers!!

**When submitting a Fundraising Authorization Form, please make sure that you are using the attached, most up-to-date form.** Please discard any old copies and **only use this form.** I frequently am asked questions regarding the fundraising process, and I want to take this opportunity to address some of those questions, as well as highlight some of the important steps in the process.

The Fundraising Authorization Form **must be completed and submitted to the state office a minimum of 30 days prior to your event and before initiating any fundraising activities** (i.e., sale of merchandise/goods, donation/sponsor requests, events, etc.). The form can be mailed, faxed, or e-mailed to the state office.

Typically, within 2 business days after receipt of the form, you will receive an e-mail response with questions and/or approval. Your Program Manager will be copied on the e-mail.

It is **important for the fundraising authorization form to be completed for several reasons:**

- It prevents overlapping of events, opens communication channels, and builds historical records.
- It enables the state office to **provide assistance/advice on events.**
- It helps to **ensure that we do not make multiple donation requests to the same person or business**, which usually confuses potential donors and leads them to decide not to give on any level. It is important that we continue to build a strong donor base on all levels so that the athlete's fees for games remain as affordable as possible, and so that your local program can function well. **When we confuse donors by making multiple requests, it has a negative impact on the organization as a whole and ultimately impacts the athletes.**
- It helps to **prevent "fake" events.** Local officials or community members often call the state office to verify that a fundraiser is legitimate and that the funds raised are truly being directed to Special Olympics Georgia. The only way we can verify a fundraiser is if we have a completed fundraising authorization form. If there is not a completed form on file when a call is received, then steps will be taken to end the event. This is **necessary in preventing the fraudulent use of the Special Olympics Georgia name to raise monies.**

To help with our record keeping and reporting of all fundraising monies, please **provide complete answers to all questions on the fundraising authorization form.**

Due to changes that the **IRS** has made in how we must report fundraising revenue and expenses, it is **vital your treasurer write in the name of the fundraiser on the monthly financial report.** This allows us to correctly track and report fundraising revenues and expenses. If **monies are not correctly reported to the IRS, this significantly affects our fundraising ratios and ratings, which in turn can affect whether someone chooses to donate to Special Olympics Georgia on a local or state level** (if it looks like we don't put most of our money/donations towards athlete programs and services, people often will choose not to support us).

I hope this clarifies the fundraising process and its importance. If you have any questions, concerns, or fundraising ideas, please don't hesitate to contact me at 770-414-9390 x1120 or [catherine.justice@specialolympicsga.org](mailto:catherine.justice@specialolympicsga.org). I look forward to working with you to help you reach your fundraising goals!

Thank you!

*Catherine Justice*

# 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/ASSISTANCE 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, 6046 Financial Drive, Norcross, GA 30071; or fax to 404-393-2929; or e-mail to [catherine.justice@specialolympicsga.org](mailto:catherine.justice@specialolympicsga.org). If you have any questions, please don't hesitate to contact Catherine Justice, Special Events & Marketing Manager at 770-414-9390 x 1120 or [catherine.justice@specialolympicsga.org](mailto:catherine.justice@specialolympicsga.org).**

FOR STATE OFFICE  
USE APPROVED:

DATE:

ACTION:

Updated 1/07/2022





## Value-In-Kind Contribution Form

(Product/ Services Donation Form)

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

Individual/ Company Name

RE Id # if applicable

Contact Name

email Address

Address

City

State

Zip

( )

( )

Telephone

Fax

Contribution Date of Product or Service

Dollar Value Stated by Donor\*

Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values)

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

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

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

Please return completed form to:

**Jenna Osenbaugh**

By E-mail: **Jenna.Osenbauhj@specialolympicsga.org**

By Mail: Special Olympics Georgia  
6046 Financial Drive  
Norcross, Georgia 30071

By Fax: (404) 393-2929

### 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 \_\_\_\_\_



# VOLUNTEER & UNIFIED PARTNER PROFILE FORM

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

Please return to Volunteer & Program Manager via fax: 404-393-2929 Or mail to: 3998 Inner Perimeter Rd, Suite A, Valdosta, GA 31602 OR 6046 Financial Drive, Norcross,

GA 30071 or scan and email to:

[Rachel.Miller@SpecialOlympicsGA.org](mailto:Rachel.Miller@SpecialOlympicsGA.org) Phone (770)-414-9390 ext. 1118

Visit us on the web: [www.specialolympicsga.org](http://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) \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth (Required): \_\_\_\_\_ ☐ Male ☐ Female ☐ Other  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email address (Required): \_\_\_\_\_

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

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: \_\_\_\_\_ Area (1-18): \_\_\_\_\_

**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 Class A Volunteer) identity to the best of my knowledge:

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

**\*\*Only the following volunteers can complete a photo ID check (you cannot sign your own name on box 2)**

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

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

## 1. Protective Behaviors Training

-Please visit <https://learn.specialolympics.org> to complete Protective Behaviors Training.

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

## 2. Background Check using Sterling Volunteers

-Go to <https://app.verifiedvolunteers.com> and click **LOGIN** at the top right corner

-Create a Volunteer account

-When asked for Good Deed Code, enter **7n97744i**

-Please list the date that the Sterling Volunteers Background check was completed: \_\_\_\_\_

**Other Requirements for coaches, chaperones, bus drivers:**

Please visit <https://learn.specialolympics.org> 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.

**HEALTH INFORMATION** – collected in case of emergency. Each participant is responsible for determining if the participant is physically 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 \_\_\_\_\_

## UNIFIED PARTNER RELEASE AND WAIVER OF LIABILITY

**Please initial next to each to acknowledge you read and understand the below disclosure**

**Initial** \_\_\_\_\_ In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (is) 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 (and/or my minor child) may incur as a result of my (or my child's if a minor) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I, (and/or my minor child) will discontinue participation immediately.

**Initial** \_\_\_\_\_ If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (is) not able to give my consent for or make my own arrangements for that 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 understand the risk of injury and continuing of participation with or after a concussion, and may have to seek medical treatment, possibly waiting 7 days or more and permission from a doctor to play sports again. 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.

**Initial** \_\_\_\_\_ I (or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports participants, sponsors, advertisers and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (or my child if a minor) may incur as a result of participation in Unified Sports events and further agree that 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

**Initial** \_\_\_\_\_ 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 to 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 personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media. I can share my personal information with researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, medical professionals in an emergency, and 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 <http://www.specialolympicsga.org/about/special-olympics-georgia-privacy-information/>

**Initial** \_\_\_\_\_ 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.

**Initial** \_\_\_\_\_ 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 \$2.00 for my background screening through Sterling 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 (770) 414-9390 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.**

**Volunteer/Unified Partner's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Emergency Contact Information Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_