



Dear Volunteer,

Thank you for your interest in becoming a Special Olympics Georgia (SOGA) volunteer! We are happy that you have chosen to donate your valuable time, skills, and resources to providing opportunities for our 24,218 athletes to succeed. Our mission is to provide year-round sports training and competition to persons with intellectual and mental disabilities. Without dedicated and caring volunteers, we absolutely could not achieve this mission, so thank you for helping to make the whole year special!

Enclosed you will find:

- Volunteer & Unified Partner Profile Form
- Volunteer Job Descriptions
- SOGA fact sheet

Please return the Volunteer Profile Form so you can become an official SOGA volunteer and receive regular correspondence regarding volunteer opportunities. Once your profile is entered into our database, you will receive a Welcome Email detailing the next steps for getting involved, so **be sure to include an email address you check frequently on your form.**

This is what you should know as a SOGA volunteer:

1. You will receive monthly volunteer email updates that detail upcoming volunteer opportunities.
2. If you indicate an interest in coaching on your profile your name will be forwarded to the Program Manager in your county and he/she will contact you.
3. You can view a list of our Program Managers on our website: www.specialolympicsga.org. Please visit our website often for the most recent SOGA news.
4. If you have any questions about volunteering, please contact Leksi Whatley at (770) 414-9390 ext. 1111 or leksi.whatley@specialolympicsga.org

Thank you again for your interest in and support of SOGA! SOGA would not exist without our more than 51,000 volunteers. Please let me know if you have any questions or concerns. I look forward to working with you.

Sincerely,

Leksi Whatley
Volunteer and Health Manager
(770) 414-9390 ext. 1111
leksi.whatley@specialolympicsga.org

Special Olympics Georgia
6046 Financial Drive
Norcross, GA 30071

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 \$5.00 for my background screening through Sterling Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

Initial: _____ **Communicable Disease(s).** Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Georgia their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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:** _____

Special Olympics Georgia Participant Code of Conduct

I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk. During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

- I confirm that I do not have symptoms of COVID-19 and have not been in contact with anyone that has tested positive for COVID- 19 symptoms in past 5 days (cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)
- If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 5 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 5 days after exposure.
- If I get or have had COVID, I will not go to any in-person Special Olympics Georgia events until 5 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
- I will have my temperature checked prior to leaving home to attend any training, competition and/or group activity.
- If required, I will have my temperature checked upon arrival to any training, competition and/or group activity. If a fever exists, I will immediately depart to go home, this will include anyone I traveled with to this competition.
- Special Olympics Georgia provided me the education on Special Olympics rules for COVID-19 and who is at high risk.
- I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics Georgia events in person, until there is little or no Coronavirus in my community.
- I will keep at least 6 feet from all participants at all times. This includes bathrooms, delegation sitting area during competition, picking up food or snacks, Olympic Town, and seating during Opening Ceremony. I will not engage in hugging, hand shaking, or high fives.
- If required, I will wear a mask at all times while at Special Olympics Georgia activities. I may or not have to wear it during active exercise, warm ups, or during competition.
- I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
- I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
- I will not share drinking bottles or towels with other people.
- I understand that spectators could be limited at any training, competition, or group activity.
- I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. If equipment must be shared, the appropriate cleaning supplies must be used to wipe down before the next athlete uses for competition or warmups.
- I agree to possible contactless pickups. Special Olympics Georgia will provide certain materials, HOD packets, t-shirts, snacks, water, etc. and understand that there could be no direct contact in picking up these items.
- I will only enter, leave, or move around the check-in and competition areas that my agency is assigned. I will continue practicing social distancing while in these areas.
- I will abide by Special Olympics Georgia’s housing policy. Only the same gender will be allowed in each room. 1 person assigned to a dorm room. I will abide by the 10pm curfew.
- I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics Georgia activities during this time.
- I understand that any medical services needed for sickness or illness while participating at any Special Olympics Georgia event will not be covered by the Special Olympics Georgia insurance carrier, but instead will be covered by the insurance provider of the individual participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____



Volunteer Job Descriptions

Coaches:

Our Special Olympians need proper training from devoted coaches and assistant coaches. Coaches go through a short training/certification session that will explain what is expected and what to expect during training.

Time Commitment: 1-2 times per week for 8-10 weeks prior to the state competitions

Skills: You DO NOT need to be an expert in the sport you coach. You only need a desire to work closely with the athletes.

Fundraising Event Team Members:

We have several fundraisers throughout the year that need planners, recruiters and participants. Whether it's serving on a planning committee or organizing the day of the event, we have the job for you.

Time Commitment: One day or biweekly, two to three months leading up to the event of your choice

Skills: Creativity and Organization

Games Organizing Committees:

This is a team of individuals devoted to planning, organizing and implementing each of the 3 state competitions. We need volunteers to organize and plan every aspect of the state competitions - from the Athlete Dance to each sporting venue.

Time Commitment: Once a month for the 4 months preceding the competition and the whole weekend of the competition (Friday-Sunday).

Skills: Creativity and a desire to try new things

State Games Volunteers:

Summer, Winter and Fall Games are the three state competitions. Volunteers are needed for jobs at each of these - from cheering on athletes during competitions, to assisting with equipment set-up.

Time Commitment: 4-8 hour shifts during the event(s) of your choice

Skills: There is a job for everyone at these events.

Local Management Team Members:

The state is divided into 18 areas, with several local programs making-up each area. We need volunteers who are interested in providing leadership through service on a Local Management Team. These Teams organize and efficiently run the local or area Special Olympics program. From Chairman to fundraising, there is a place for everyone!

Time Commitment: 2-3 days per month

Skills: Desire to lead and be creative!

Speakers:

We are always looking for volunteers willing and able to speak to our constituency on a wide variety of issues ranging from developmental disabilities to organizational skills. If you have the desire to grow the capacity of SOGA, let us know!

Time Commitment: 1-2 hours when giving presentations

Skills: Comfortable speaking to others, strong knowledge in one subject area



Special Olympics Georgia is a year-round program of sports training and athletic competition for children and adults with intellectual disabilities.

Chip Miller
Chairperson, Board of Directors

Georgia Milton-Sheats
Chief Executive Officer

MISSION

To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

GOAL

To help bring individuals with intellectual disabilities into the larger society under conditions whereby they are accepted, respected and given the chance to become useful and productive citizens.

VOLUNTEERS

Thousands of volunteers implement the Special Olympics program on the grassroots level.

They serve on management teams, organize and conduct local, area and state Special Olympics activities and competitions, and assist in fundraising efforts.

Volunteers serve as certified coaches, games officials, assistant coaches and in a wide variety of other capacities in support of Special Olympics athletes.

SPORTS

Special Olympics Georgia offers year-round training and competition in 29 Olympic-type sports:

Alpine Skiing	Ice Skating—
Athletics	Figure or Speed
Basketball	Kayaking
Bocce	Powerlifting
Bowling	Pickleball
Cycling	Roller Skating
Cheerleading	Sailing
Equestrian	Softball
Flag Football	Soccer
Floor Hockey	Snowboarding
Golf	Swimming
Gymnastics—	Table Tennis
Artistic or Rhythmic	Tennis
	Volleyball

In addition to the sports listed above, the Motor Activities Training Program (MATP) is offered to individuals with more severe disabilities who are not able to compete in a rigorous sports program. The MATP emphasizes training and participation rather than competition.

Special Olympics is unique by accommodating competitors at all ability levels in order to give everyone a reasonable opportunity to win. It does this by assigning all athletes to competition divisions based on previous performances and/or preliminary heats. Athletes from all divisions may advance to Area, State, Regional & World Games.

BENEFITS

Special Olympics Georgia contributes to the physical, social and psychological development of people with intellectual disabilities. Through successful experiences in sports, the athletes gain confidence and build a positive self-image which carries over into the classroom, the home, the job and the community.

In addition, involvement with Special Olympics Georgia strengthens families, causing a richer appreciation of talents and greater support between the Special Olympics athletes, siblings and parents.

Also, the community at large — through observation and participation — is united in understanding people with developmental disabilities in an environment of equality, respect and acceptance.

COMPETITION

Special Olympics Georgia athletes train year-round for sports competitions which are patterned after the Olympic Games and held annually at each organizational level. Over 600 games, meets and tournaments are held in communities throughout Georgia. three Statewide events are held annually. They culminate in the Special Olympics World Summer and Winter Games which alternate every two years.

ELIGIBILITY

Individuals eight years of age and older who are identified by an agency or professional as having an intellectual disability are eligible to participate in the Special Olympics Georgia program. In Georgia, intellectual disability refers to significantly sub-average general intellectual functioning (approximately 70 IQ and below) existing concurrently with deficits in adaptive behavior (significant limitations in an individual's effectiveness in meeting standards of maturation, learning, personal independence or the social responsibility expected of the individual's age level). In addition to its year-round program of training and competition, Special Olympics Georgia sponsors ongoing training for coaches, officials, volunteers and families.

PROGRAMS

Special Olympics introduced the **Unified Sports**[®] program to bring together, on the same team, athletes with and without intellectual disabilities. These teams train and compete with other **Unified Sports**[®] teams in 20 established sports — artistic gymnastics, athletics, badminton, basketball, bocce, bowling, cycling, figure ice skating, flag football, floor hockey, golf, powerlifting, rhythmic gymnastics, sailing, soccer, softball, swimming, table tennis, tennis and volleyball. **Unified Sports**[®] furthers Special Olympics Georgia's commitment to foster inclusion into school and community sports programs.

Partners Clubs bring together Special Olympics athletes and volunteer students who serve as peer coaches.

GOVERNANCE

Special Olympics Georgia is authorized and accredited by Special Olympics Incorporated to provide sports programs for citizens of Georgia with intellectual disabilities. Established in 1970, Special Olympics Georgia is governed by a volunteer Board of Directors.

Special Olympics Incorporated was founded in 1968 by Eunice Kennedy Shriver. Tim Shriver is Chairman of the Board of Directors and Mary Davis is the President and CEO.

ATHLETE LEADERSHIP PROGRAM

Special Olympics athletes also participate through the Athlete Leadership Programs (ALPS).

Global Messengers are Special Olympics athletes who serve as ambassadors for Special Olympics Georgia, helping to recruit athletes and volunteers, secure donations, and raise public awareness. These athletes have received training in public speaking and travel throughout the state, telling their story of what Special Olympics means to them. Visits from Global Messengers can be arranged through the Special Olympics Georgia office.

In other ALPS programs, athletes participate in improving Special Olympics through the Athlete Input Council and serve as assistant coaches and competition officials. Athletes can also serve as members of the board of directors, and on local and area management teams.



**Special
Olympics
Georgia**

FINANCIAL SUPPORT

Special Olympics Georgia is supported by funds raised from individuals, organizations, corporations, foundations, Board members, Honorary Board members and by revenue generated from special events, special projects and cause-related marketing programs.

The largest annual fundraising event is the Law Enforcement Torch Run. Held prior to Special Olympics Georgia's Summer Games, the Torch Run generates statewide publicity for Special Olympics and the Summer Games.

Special Olympics Georgia does not charge athletes or their families to participate, does not receive any funding from Special Olympics Incorporated or state government, and is not a United Way agency.

CONNECT WITH US

Website:
www.specialolympicsga.org

Facebook:
[@SpecialOlympicsGA](https://www.facebook.com/specialolympicsga) or
www.facebook.com/specialolympicsga

Instagram:
[@SpecialOlympicsGeorgia](https://www.instagram.com/specialolympicsgeorgia/) or
www.instagram.com/specialolympicsgeorgia/

Twitter:
[@SOGAchampions](https://www.twitter.com/SOGAchampions) or
www.twitter.com/SOGAchampions

TikTok:
[@specialolympicsgeorgia](https://www.tiktok.com/@specialolympicsgeorgia) or
www.tiktok.com/@specialolympicsgeorgia

Special Olympics Oath:
Let me win. But if I cannot win, let me be brave in the attempt.

The Spirit of Special Olympics:
Skill, Courage, Sharing, Joy