



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 17,429 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 a working email address on your form.**

This is what you should know as a SOGA volunteer:

1. After your profile is activated you will receive a Welcome Email. This will take 1-2 weeks from the time you send in your profile.
2. You will receive monthly volunteer email updates that detail upcoming volunteer opportunities.
3. If you indicate an interest in coaching on your profile your name will be forwarded to the Regional Manager in your county and he/she will contact you.
4. You can view a list of our Program Managers on our website: [www.specialolympicsga.org](http://www.specialolympicsga.org). Please visit our website often for the most recent SOGA news.
5. If you have any questions about volunteering, please contact Ansley Bonner at (229) 256-1323 or [ansley.bonner@specialolympicsga.org](mailto:ansley.bonner@specialolympicsga.org)

Thank you again for your interest in and support of SOGA! SOGA would not exist without our more than 45,000 volunteers. Please let me know if you have any questions or concerns. I look forward to working with you.

Sincerely,

Ansley Bonner  
Volunteer and Event Manager  
(229) 256-1323  
[ansley.bonner@specialolympicsga.org](mailto:ansley.bonner@specialolympicsga.org)

Special Olympics Georgia  
6046 Financial Drive  
Norcross, GA 30071



# VOLUNTEER & UNIFIED PARTNER PROFILE FORM

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

Please return to Volunteer & Event 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:

[ansley.bonner@specialolympicsga.org](mailto:ansley.bonner@specialolympicsga.org) Phone (229) 256-1323

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 **7n9744i**

-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 \$5.00 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:** \_\_\_\_\_

## 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 5 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, and Horse Show are the four 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

### **Virtual Volunteers:**

We are all doing our part and practicing social distancing, but that doesn't mean we can't continue to make a difference in the lives of those around us. Please support our Special Olympics Georgia Athletes from the comfort of your home! Browse the list of upcoming events for volunteers to see what virtual opportunities we have going on.

**Time Commitment:** Varies per event

**Skills:** Varies per event



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

Antoinette Ellison  
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 27 Olympic-type sports:

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

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.

Four 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**<sup>®</sup> program to bring together, on the same team, athletes with and without intellectual disabilities. These teams train and compete with other **Unified Sports**<sup>®</sup> 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**<sup>®</sup> 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](http://www.specialolympicsga.org)

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

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

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

TikTok:  
@specialolympicsgeorgia or  
[www.tiktok.com/@specialolympicsgeorgia](http://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*