

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics

Montana

P O Box 3507

Great Falls, MT 59403



Special Olympics Montana Delegation: _____

Registration Type (mark one or both): Volunteer Unified Partner

Are you a new or Re-Registering? New Re-Registering

VOLUNTEER / UNIFIED PARTNER INFORMATION

FULL Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy): Female Male

Address:

City: State: Postal Code:

Phone: E-mail:

Sports/Activities:

Race/Ethnicity (Optional):

- American Indian/Alaskan Native Asian Two or More Races
 Black or African American Native Hawaiian or Other Pacific Islander
 White Hispanic or Latino (specific origin group: _____)

PARENT / GUARDIAN INFORMATION (required if minor or otherwise has a legal guardian)

Name: Relationship:

Same as contact information above

Address:

City: State: Postal Code:

Phone: E-mail:

EMERGENCY CONTACT INFORMATION Same as Parent/Guardian

Name: Relationship: Phone:

LIST 2 Non-Family References (FOR VOLUNTEERS UNDER 18 YEARS OF AGE)

Name: Relationship: Phone:

Name: Relationship: Phone:

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INFORMATION NEEDED TO PERFORM BACKGROUND CHECK (only required for participants 18 years and older)

Social Security Number:

Driver's License Number: Issuing State:

Special Olympics will not keep your Social Security number and driver's license number submitted on this form. This part of the form will be detached and destroyed after your background check is completed.

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics



BACKGROUND INFORMATION		
Do you use illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with and/or convicted of neglect, abuse or assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license ever been suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "yes" to any of the questions, please provide details:		
HEALTH INFORMATION		
**Health information is 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"/> Allergies:		
<input type="checkbox"/> Assistive or Implantable Devices:		
<input type="checkbox"/> High Blood Pressure:		
<input type="checkbox"/> Heart Condition:		
<input type="checkbox"/> Asthma or Respiratory Condition:		
<input type="checkbox"/> Mental Health Condition:		
<input type="checkbox"/> Epilepsy or Seizure Disorder:		
<input type="checkbox"/> Neurological Condition:		
<input type="checkbox"/> Diabetes:		
<input type="checkbox"/> Sickle Cell Anemia/Trait:		
<input type="checkbox"/> Chronic Infection:		
<input type="checkbox"/> Missing Organ (e.g., spleen, kidney):		
<input type="checkbox"/> Other Health Conditions:		
Please list any medications, vitamins, or dietary supplements below:		
Medication Name	Dosage	Times per Day

Class A Volunteers and Unified Partners who are 18 years of age and older are required to complete the online Protective Behaviors training, unless they are a current high school student. Access the Protective Behaviors training at www.specialolympics.org/protectivebehaviors.

CLASS A VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** 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.
7. **Personal Information.** 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 contact information for communicating with me about Special Olympics.
 - sharing my personal information confidentially with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) 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 www.SpecialOlympics.org/Privacy-Policy.
8. **Background Check Authorization. [APPLIES TO ADULTS ONLY]** I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	
VOLUNTEER / UNIFIED PARTNER SIGNATURE (required for adult with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Volunteer/Unified Partner Signature:	Date:
PARENT / GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent / Guardian Signature:	Date:
Printed Name:	Relationship:



CONCUSSION AWARENESS AND SAFETY RECOGNITION POLICY

Objective

It is Special Olympics' intent to take steps to help ensure the health and safety of all Special Olympics participants. All Special Olympics participants should remember that safety comes first and should take reasonable steps to help minimize the risks for concussion or other serious brain injuries.

Defining a Concussion

A concussion is defined by the Centers for Disease Control as a type of traumatic brain injury caused by a bump, blow, or jolt to the head as well as serial, cumulative hits to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull. Although concussions are usually not life-threatening, their effects can be serious and therefore proper attention must be paid to individuals suspected of sustaining a concussion.

Suspected or Confirmed Concussion

A participant who is suspected of sustaining a concussion in a practice, game or competition shall be removed from practice, play or competition at that time. If a qualified medical professional is available on-site to render an evaluation, that person shall have final authority as to the removal or return to play of the participant. If applicable, the participant's parent or guardian should be made aware that the participant is suspected of sustaining a concussion.

Return to Play

A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (1) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional provides written clearance for the participant to return to practice, play and competition or (2) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a permanent record.

The Centers for Disease Control website www.cdc.gov/concussion provides additional resources relative to concussions that may be of interest to participants and their families.

**Welcome to the Special Olympics on-line training program for Protective Behaviors...**

Thank you for being a part of the Special Olympics family. It is through the caring, concern and talents of all our athletes, families and volunteers that Special Olympics has become one of the most respected sports programs in the world. Your participation in the Protective Behaviors Training Program is just one more way that you demonstrate your dedication.

The main objective of this brochure is the prevention of sexual abuse of Special Olympics athletes. It will also briefly address physical and emotional abuse.

Actions Special Olympics has Taken to Protect Athletes:

- On-line and printed protective behavior training
- Volunteer screening requirements in the US
- Codes of conduct for athletes and coaches
- Policy prohibiting volunteers or staff in authority positions from dating athletes

Special Olympics US Volunteer Screening Policy

- The foremost goal of the volunteer screening policy is to protect the safety and well-being of athletes
- Special Olympics screens prospective Class A volunteers
- Class A volunteers are re-screened every three years
- If screening reveals criminal history involving certain offenses, the volunteer is prohibited from participation

Who is a Class A Volunteer?**Definition:**

Volunteers who have regular, close, physical contact with athletes

Volunteers in a position of authority or supervision with athletes

Volunteers in a position of trust of athletes

Volunteers who handle substantial amounts of cash or other assets of the Program

Examples:

Coaches, Unified Partners, chaperones, overnight hosts, ALPs mentors, drivers of athletes

May also include Fundraising Event Committee members, board members, and Games Management team members

Benefits and Limitations of the Volunteer Screening Policy

- Volunteer screening is a tool Special Olympics uses to help protect athletes, but it is not fool-proof
- Many predators do not have criminal records
- Your job as a volunteer is to be vigilant and report any behavior or activity that does not appear appropriate based on your personal experience or warning signs identified in this presentation

Protective Behaviors



Codes of Conduct

Codes of Conduct are in effect and enforced for athletes, coaches and volunteers.

All Special Olympics Programs are required to have a code of conduct for athletes and coaches. The codes below list the minimum standards set by Special Olympics. Please check with your local Special Olympics Program to see if there is a more restrictive code for that Program. To locate the Special Olympics Program near you, go to www.specialolympics.org to use our Program Locator.

In the Coaching Guides section of the website you will find a link to the Basics of Special Olympics. There you will find samples of:

- Athlete Code of Conduct
- Coach Code of Conduct
- Volunteer Code of Conduct

Each Program is responsible for establishing guidelines for sanctions related to breach of these codes of conduct

Included in the codes of conduct are references to the prohibition of volunteers or staff in authority positions dating athletes

Prevention: Recognizing Sexual Predators

A sexual predator could be anyone. There is no "look" or behavior pattern that sets them apart. Sexual Predators:

- Target vulnerable populations (such as children and individuals with intellectual disabilities);
- Come from all backgrounds;
- Can be male or female;
- Are generally very likeable and have warm personalities;
- May have limited relationships with other adults

Remind athletes and families that not everyone who comes to a Special Olympics event is a volunteer who has been screened and is assumed to be "safe"

Prevention Sexual Abuse

- For athletes requiring assistance with changing, toileting or showering, it is a best practice if two volunteers are present.
- Private conversations with athletes should be within sight of others who are aware of the conversation
- Hugs should respect both athlete and volunteer limits and never be secretive
- Touching should avoid areas a traditional swimsuit would cover
- Be aware of unusual or inappropriate gifts, trips, affection or attention from a volunteer
- Be aware of relationships between volunteers and athletes that become private or secretive
- Be clear and direct about pointing out inappropriate behavior



Inappropriate Behavior

Inappropriate gifts, trips, outings, or other gestures of affection from a volunteer include:

- Invitations for sleepovers at a volunteer's house;
- Invitations to parties at a volunteer's house where parents or care providers are not included;
- Excessive displays of interest in a particular athlete or group of athletes (such as all male athletes or only athletes under the age of 13);

Tips for Travel

- Be sure to separate sleeping rooms by gender
- Try to assign roommates based on similar age, maturity and size
- Establish a plan for checking on each room/athlete
- Clearly explain rules and behavior expectations of both chaperones and athletes before each trip

Emotional Abuse

- Profanity is never allowed
- Treat athletes with respect and provide encouragement
- Do not allow demeaning nicknames even among teammates
- Discipline should be part of a meaningful behavior modification strategy and never acted on in anger

Physical Abuse

- Corporal punishment is never allowed no matter who says it is OK
- Withholding food or water is maltreatment and strictly prohibited
- Only give prescribed medications in accordance with state regulations (consult your Special Olympics Program office for those regulations)
- Be aware of athlete sensitivity to temperature, sound and touch

How to Recognize Abuse

Changes in behavior may offer the only visible clue that an athlete is the victim of abuse. Abuse causes stress and victims often exhibit stress related behavior

- Depression
- Withdrawal (including loss of interest in participation in Special Olympics)
- Thoughts of or attempts at suicide
- Aggression
- Immature acts
- Sleep disturbances

Uncharacteristic changes in behavior that last for more than a few days indicate a possible need for intervention, but are not a certain indicator of abuse as there are other causes of stress. The absence of behavioral indicators does not indicate a lack of abuse

Protective Behaviors



How to Recognize Abuse

Statements by the athlete concerning inappropriate touching or physical harm

Physical indicators of abuse

Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body. Bruises change color during the healing process and bruises of different colors indicate different stages of healing, thereby indicating that the injuries happened on more than one occasion

Injuries to genital areas may indicate sexual abuse; for example, cigarette burns on the inside of the upper leg or on the buttocks

Tether marks or rope burns and abrasions caused by tying wrists, ankles or the neck are also indicators of probable abuse

Some athletes are prone to injuries as a consequence of athletic competition. The location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen due to athletic competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs, or on facial cheeks

Possible signs of neglect include

- Unattended medical needs
- Inappropriate clothing for the climate and weather conditions
- Chronic hunger and poor personal hygiene

Reporting Suspicious Activity

- Suspicious activity should be reported to Special Olympics staff
- Reports will be reviewed and reported as appropriate
- Suspensions may be utilized during investigations
- Special Olympics reserves the right to expel athletes or volunteers as a result of suspected or confirmed physical, sexual or emotional abuse of a Special Olympics athlete

Be ready to say...

- What makes you think this activity is suspicious
- When you witnessed the activity — or first suspected it

Who to tell...

- If the activity is during Special Olympics functions, tell local Special Olympics leadership (preferably staff)
- If you suspect that an athlete is in immediate danger, notify the police, and then Special Olympics staff
- If you are a mandatory reporter under your state's laws, report as required by statute in addition to the report you file with Special Olympics
- Reporting is NOT the same as accusing. It just alerts professionals to investigate



Am I A Mandatory Reporter Under My State's Laws?

- Nearly all states have laws that require some individuals to report suspected abuse (such as teachers, healthcare providers, etc.)
- In some states, everyone is a mandatory reporter
- Utilize the website below to familiarize yourself with your state's reporting requirements (choose the state that you wish to check and "Mandatory Reporters of Child Abuse & Neglect" and the click "go")
http://www.childwelfare.gov/systemwide/laws_policies/state/

Final Quiz

Instructions: Please take the following quiz to test your knowledge of protective behaviors. When you finish, turn this page in to your local Special Olympics program leader. If you give any incorrect answers, you will be allowed to retake the quiz until you answer all the questions correctly. At that time, you should complete the final portion of the brochure, where you will submit your name, address and email address (if you have one) to your State Program, thereby confirming that you have read and understand the information presented in this program.

1. Who determines the punishment for violating a Special Olympics Code of Conduct?

- The Program
- The coach
- Any Special Olympics staff member in a position of authority
- Society

2. Which of the following is NOT an indicator of potential inappropriate behavior?

- Unusual or inappropriate gifts from a volunteer
- Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body
- Two Class A volunteers assisting with changing, showering or toileting
- Relationships between volunteers and athletes that become private or secretive

3. Have you checked to see if you are a mandatory reporter in your State?

- Yes
- No

4. When is it appropriate to withhold water from an athlete?

- Only when the athlete is unprepared or uncooperative
- Never
- When the weather is cool and water isn't really needed
- When the athlete is underachieving and could use a "water break" as motivation

5. What is the rule about what areas of the body to avoid touching?

- Avoid all areas; don't make yourself vulnerable to an accusation!
- Avoid areas where he/she doesn't like to be touched
- Set some groundrules early on, so you know where your athlete is okay with being touched
- Avoid areas a traditional swimsuit would cover

**Protective Behaviors**

6. What should you do if you suspect that an athlete is in immediate danger?

Ask the athlete if he/she has been abused
Notify the police, and then Special Olympics staff
Tell the coach or volunteer to take it easy on the athlete
Notify the athlete's parents

7. When is a private meeting with an athlete appropriate?

When the athlete is misbehaving and needs to be reprimanded
When you have something personal to tell the athlete and you want to be out of earshot of his/her teammates
When it is within sight of others who are aware of the conversation
A private meeting with an athlete is never appropriate

8. When assigning rooms for an overnight stay, what should you consider?

What's to consider? Go through your list and group the athletes alphabetically by last name
Try to put athletes who are friends together
Athletes of the same community oftentimes prefer to room together
Separate sleeping rooms by gender and assign roommates based on similar age, maturity and size

9. Is it permissible for a volunteer in an authority position over an athlete to date that athlete?

Yes
No
Depends on the circumstances

10. Is a Unified Partner subject to volunteer screening policies in the US?

Yes
No

**Confirmation**

By completing the form below I am representing that I have reviewed the entire Protective Behaviors training program and understand its contents. Please note that each volunteer must complete the Protective Behaviors training and submit his or her information individually. Multiple volunteers on one submission will not be accepted.

Your Information

First Name: _____

Last Name: _____

E-mail: _____

Address: _____

City: _____

Select Location/Program: _____

Zip: _____

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. 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,
2. 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,
3. 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,
4. 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 Montana 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.

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 IT 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: _____