

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Special Olympics Iowa (SOIA) may refuse to allow me to volunteer if I provided any incorrect information or omission.

In consideration of SOIA considering my application, I have given my permission for SOIA to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. Those records may include arrest and conviction date as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my suitability for a volunteer position with SOIA and that as long as I remain a volunteer with SOIA, the criminal history records check and motor vehicle driving records check may be repeated any time. Upon my request, I will have an opportunity to review criminal history and motor vehicle driving records obtained by SOIA.

I fully understand Special Olympics events involve 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 may incur as a result of my participation. I acknowledge that at any time that if I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I am 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 WAIVE, RELEASE AND DISCHARGE Special Olympics Iowa, its officers, directors, employees, volunteers, agents and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with participating in SOIA events and conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOIA or at my option and that SOIA may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Iowa and Special Olympics, Inc. permission to use my likeness, voice, and words in or on telephone, radio, film, and on SOIA and Special Olympics, Inc.'s website (s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In signing this application, I have read the foregoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION.

Volunteer's Signature: _____

Date: _____

Signature of Parent or Guardian if Volunteer is a Minor: _____

Date: _____

Please Print Full Name of Parent or Guardian:

Please return to:
Cathy Richey
Special Olympics Iowa
PO Box 620
Grimes, IA 50111
515-986-5520
515-986-5530 (fax)
crichey@soiowa.org
www.soiowa.org