

**Special Olympics Iowa  
Class A Volunteer Application**

**OFFICE USE ONLY**

Photo

PBT \_\_\_\_\_

PLEASE PRINT: Date: \_\_\_\_\_

New Class A Application OR  Renewal Class A Application

**Role(s) as a Volunteer** (Please check **all** boxes that apply to you with your delegation)  Board Member

Delegation Manager  Head Coach  Assistant Coach  Unified Partner  Volunteer  Chaperone  Committee Member

Athlete  Family Member  Fundraising Committee  Law Enforcement Torch Run  Global Messenger Mentor

Full Name: \_\_\_\_\_  
Last First (given) Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell  Home  Work  Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

**Special Olympics Delegation Name (Example: City-team name - Grimes Road Riders):**

I have read and understand the expectations and conditions of the Coaches Code of Conduct located at [www.soiowa.org](http://www.soiowa.org)

**ATTACHED IS A COPY OF MY DRIVER'S LICENSE (required):** Yes  No

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**A color photograph is required. \*A DRIVER'S LICENSE WILL NOT WORK FOR THE CREDENTIAL. NO BLACK AND WHITE PHOTOS PLEASE\***

**Please indicate how you will be submitting your photo: I will mail a photo (will be returned) \_\_\_\_\_ I will email a photo \_\_\_\_\_**

**Please answer the following questions:**

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with and/or convicted of neglect, abuse or assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above questions, please explain:

**MINORS (17 and under) ONLY:** Please provide two references who are not related to the minor or the minor's legal guardian and one of whom is from the volunteer applicant's school, church, civic group, etc.

1. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

2. Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_

By providing the above references, I am authorizing Special Olympics Iowa to contact them in reference to my volunteer application.

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. I understand that in the course of volunteering for Special Olympics Iowa, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

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 Iowa 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. I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Special Olympics Iowa events.

If during my participation in Special Olympics Iowa 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, RELEASE AND WAIVOR OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT AND AUTHORIZATION TO OBTAIN INFORMATION.**

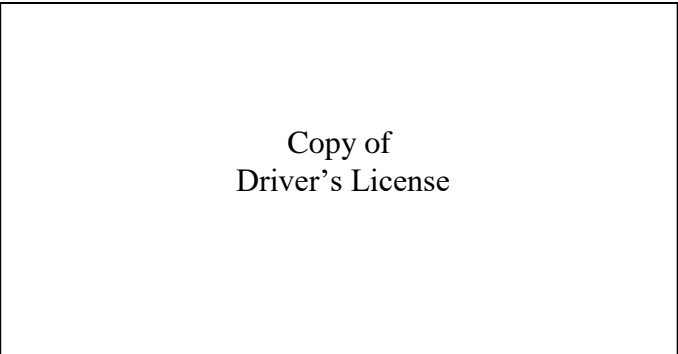
**Volunteer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Signature of Parent or Guardian if Volunteer is a Minor (17 and under): \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Full Name of Parent or Guardian:  
\_\_\_\_\_



**Please return to:**  
Special Olympics Iowa  
PO Box 620  
Grimes, IA 50111  
Tel 515-986-5520  
classa@soiowa.org