



## Volunteer Registration and Screening Process

**Registration** of all volunteers is a requirement of the organization's Special Olympics General Rules and a prerequisite for volunteer participation coverage through our insurance company. For purposes of clarification volunteers in Special Olympics fall in to two categories: Class A (volunteers who have regular close physical contact with athletes) or Class B (volunteers who have limited contact with athletes).

**Screening** is mandatory for Class A volunteers only, whose duties require them to be in direct personal contact and/or alone with athletes, for example:

- Coach
- Assistant coach
- Chaperone
- Those with fiscal or certain administrative responsibilities
- Unified Partner
- Private vehicle drivers
- A position of trust

Both a criminal history background check through the Washington State Patrol and a national vendor, which includes a sex offender registry, will be conducted for all Class A volunteers. The screening process is conducted through the Special Olympics Washington's State Office. Once clearance is approved, it is valid only for a two-year period of time.

**All** volunteers must complete the standard *Volunteer Registration Form*, which includes:

**Part 1** – Contact information, date of birth and other pertinent information.

**Part 2** – Two references: personal and professional. Both references must be adults. Selection of the event(s) for intended participation also included in this section.

**Part 3** – This section is only for volunteers participating in Summer Games at Fort Lewis/McChord AFB or other military installations. Driver's license and vehicle information is required for access to the military bases.

**Part 4** – Age Requirements for Volunteering. Teens 14-17, as well as Unified Partners age 8 – 17, will need the signature of a parent/guardian as well as their own.

**Part 5** – This section must be signed by all volunteers. The General Volunteer/Applicant Release form is a waiver giving permission to use the volunteer's name and likeness to promote and publicize the purposes of Special Olympics Washington.

**Part 6** – The Applicant Disclosure Form must be signed by all volunteers attesting to the disclosure statement.

All volunteers, whether Class A or Class B, when signing in to work at a particular venue site or event will be asked to enter their name and information on a *Disclosure Form* and provide a signature attesting to the disclosure statement. This is to ensure current data and proof of actual participation. Volunteers may also be asked to present valid proof of vehicle insurance and photo identification. Participation in a specific annual activity (i.e., fund raisers, Summer Games, Winter Games) requires completion of a new *Volunteer Registration Form* each year. No individual or group volunteering in support of SOWA is exempt from these requirements.

No volunteer may be actively involved in the training and competition of Special Olympics' athletes without having been screened through Washington State Patrol and a national database. If you have any questions regarding the clearance process, please contact the Special Olympics Washington State Office at 1-800-752-7559.



# Volunteer Registration Form

Please print legibly and complete the entire form.

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Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Name M.I. Last Name

Mailing Address \_\_\_\_\_

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

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_\_) \_\_\_\_\_

Employer Name or Group Represented: \_\_\_\_\_

Have you ever had your Driver's License suspended or revoked?  Yes  No

Do you use illegal drugs?  Yes  No

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Please list the name/address/phone number/relationship of two ADULT references: a) Personal and b) School/Church/Employer/Group

a) \_\_\_\_\_

b) \_\_\_\_\_

Check the box for your intended participation:

Winter Games  Summer Games  Summer Sports Classic  Region Sports Events  Other \_\_\_\_\_

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**Summer Games Fort Lewis/McChord AFB/Military Installation Volunteers ONLY:**

Driver's License #: \_\_\_\_\_

List your Vehicle Make & Year \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

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**Age Requirements for Volunteering:**

- Children 10 and under are not eligible to volunteer, but are welcome to attend events as spectators. (*Exception – Unified Partner participants may be 8 yrs. or older*)
- Youth 11-13 are eligible to volunteer, for certain positions, if accompanied by parent/adult chaperone.
- **\*Teens 14-17 are eligible to volunteer for certain positions.**
- Youth groups need to provide a minimum of one adult chaperone for every four youth.
- Adults are defined as 18 years of age or older.

\_\_\_\_\_  
\*Signature of Teen Applicant (required)

\_\_\_\_\_  
\*Signature of Teen Parent/Guardian (required)

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I give my permission to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines or other media, or in any form for the purpose of advertising or communicating the purposes and activities of Special Olympics Washington.

\_\_\_\_\_  
Signature of All Applicants

\_\_\_\_\_  
Date

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**Applicants please read and sign the Applicant Disclosure Form Pursuant to Chapter 486 – Laws of 1987:**

*Pursuant to RCW 9A.73.085, I certify under penalty of perjury under the laws of the State of Washington that I have never been convicted of any crimes against persons as defined in Section 1 of Chapter 486, laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first, second, or third degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment.*

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Date

*Applicants may also be required to show photo identification/vehicle drivers may be asked for proof of valid automobile insurance.*

Western Washington Volunteers:  
Special Olympics Washington  
2150 N 107<sup>th</sup>, #220  
Seattle, WA 98133-9009  
Phone: 206-362-4949 or 800-752-7559  
Fax: 206-361-8158

Mail or Fax form to:

Eastern Washington Volunteers  
Special Olympics Washington  
PO Box 1640  
Richland, WA 99352  
Phone: 509-946-5921 or 800-442-2508  
Fax: 509-396-9902