



# CLASS A VOLUNTEER REGISTRATION FORM MINOR

E-71

Class A Volunteers 17 years of age or younger must complete this form.

Volunteers must be at least 14 years of age to serve as a coach or chaperone.

**All applicants must complete Protective Behavior training prior to submitting a Class A Form**  
Please see the reverse side for instructions to complete the training.

AREA \_\_\_\_\_  
AGENCY# \_\_\_\_\_  
AGENCY NAME \_\_\_\_\_

**Please check the appropriate item that defines your role with Special Olympics Illinois.**

Coach \_\_\_\_\_ Chaperone \_\_\_\_\_ Unified Partner \_\_\_\_\_ Young Athlete \_\_\_\_\_ Other \_\_\_\_\_

**Section I:** All information is required unless indicated optional. If you do not have a driver's license, please mark NA on the appropriate line.

Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Full Middle Male Female

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Number Street Name Apartment/Suite/Unit

City \_\_\_\_\_ County \_\_\_\_\_ State/Zip \_\_\_\_\_  
( )

Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
optional Day/Evening

**Section II: Background information. Please answer all questions.**

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

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

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

Has your drivers license been suspended or revoked in any state, for moving violations within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If I answered yes, then I agree not to serve as a volunteer driver for Special Olympics Illinois. This includes driving for Special Olympics. This includes driving for Special Olympics to, from, and during all sanctioned events.**

**Section III:** Please attach the Minor Volunteer References Form to this application. Failure to submit the Reference Form will result in the application being returned to the volunteer for completion.

**Section IV: PLEASE READ BEFORE SIGNING.**

I agree as follows:

- I affirm, under penalty of perjury, that all answers and information are truthful and understand that Special Olympics Illinois (SO ILL) may refuse to allow me to volunteer if I provided incorrect information or withheld information;
- The relationship between SO ILL and volunteers is an "at will" arrangement and it may be terminated at any time, without reason or cause by either party;
- I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, film, websites or in any other form, format or media to promote Special Olympics, its mission and to raise funds for Special Olympics;
- I have read, understand and agree with the terms of the SO ILL Coaches/Volunteer Conduct Policy;
- I acknowledge that upon reaching the age of 18 I will be required to complete a new Class A Volunteer Form and complete a national background check to remain active as a Class A volunteer;
- I will notify SO ILL of all changes to the information provided on this original form.

Minor Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor Volunteer \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY REPRESENTATIVE AUTHORIZATION

Please sign and date this form to verify you have checked this individual's photo identification to the extent available.

Signature of Agency Representative (Head Coach/Director/SOAD) \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY**

Accepted \_\_\_\_\_

Rejected \_\_\_\_\_  
as a Class A Volunteer

Signature of SO ILL Representative \_\_\_\_\_

Date \_\_\_\_\_

**SEND AGENCY FORMS TO YOUR AREA DIRECTOR.**

SO ILL REV. 8/1/07

**NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE IS APPROVED BY SPECIAL OLYMPICS ILLINOIS. FAXED FORMS WILL NOT BE ACCEPTED.**



# SPECIAL OLYMPICS ILLINOIS MINOR CLASS A VOLUNTEER REFERENCES FORM

SO ILL REV. 8/1/06

All minors completing a Class A Volunteer Form must complete this form and attach it to their application prior to submitting it to Special Olympics Illinois.

Please provide two personal/professional references. Each reference must be provided by an individual who is:

- not your legal guardian
- not related to you, and
- at least 18 years of age.

### Reference #1

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (Name of Applicant) in either a personal or professional capacity;
2. I am at least 18 years of age and am not a legal guardian or relative of the Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

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Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

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Phone number of reference \_\_\_\_\_ Best time to call \_\_\_\_\_

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Relationship to applicant \_\_\_\_\_ Organization/Institution of reference \_\_\_\_\_

### Reference #2

By signing below, I confirm the following:

1. I know \_\_\_\_\_ (Name of Applicant) in either a personal or professional capacity;
2. I am at least 18 years of age and am not a legal guardian or relative of the Applicant;
3. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics, and
4. I do not possess any information that would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

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Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

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Phone number of reference \_\_\_\_\_ Best time to call \_\_\_\_\_

---

Relationship to applicant \_\_\_\_\_ Organization/Institution of reference \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE MINOR CLASS A FORM

Class A volunteers 18 years of age and older must complete the Class A Form for Adults.  
All Unified Partners, regardless of age, are required to complete a Class A Form.

### NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE HAS BEEN APPROVED BY SPECIAL OLYMPICS ILLINOIS

#### Instructions for the person completing the form:

All information, unless listed as optional, must be filled in completely. Forms with blank sections will not be accepted.

#### Area #, Agency # & Agency Name

Please complete each of these items. If you do not know this information then please contact your Area Director or SO ILL staff liaison.

#### Coach, Chaperone, Other, Young Athlete or Unified Partner

Please indicate the definition that best describes your role. If you actually train and coach athletes then indicate coach. If you attend events to oversee athletes but do not coach then indicate chaperone.

#### Section I: All information is required unless indicated otherwise. Failure to provide required information will result in your application being rejected.

Please provide your complete legal name including full middle name. Your complete mailing address and contact phone numbers are required. Date of birth, gender and social security number are also required. If you do not have a driver's license then please write none or NA in the provided space. Failure to provide a valid driver's license number will result in a driving restriction being placed on your record.

#### Section II

Everyone must answer all questions listed in this section and then adhere to the explained restriction if a yes answer is provided for the driver's license suspension question.

#### Section III

Minor Class A volunteers must submit a completed Volunteer Reference Form with their completed application. The form is attached or can be acquired from your Head Coach or Area Director. Failure to submit this form will result in your application being rejected.

#### Section IV

Please read this section carefully and then sign and date the form. The minor's parent or legal guardian must also sign and date the form and provide their full printed name.

#### After You Have Completed the Form

Submit the volunteer form and the reference form to your Head Coach who will then verify your identity.

#### Instructions for Head Coaches

Review both forms to ensure that all information, signatures and dates are provided. Please do not submit forms that do not include social security numbers, date of birth and gender. This information is required and forms will not be accepted without this information. Complete the identity verification for the individual. If the minor does not have a driver's license then a school ID card can be used. Head coaches must visually look at the individual's photo identification and then complete the information requested in the Agency Representative Section. Please sign and date the form and print your name. Send completed forms to your Area Director.

#### Instructions for Area Director/Staff Member

Review both forms to ensure that all information, signatures and dates are provided. Please do not submit forms that do not include social security numbers, date of birth and gender. This information is required and forms will not be accepted without this information. Review the Agency Authorization Section to ensure the agency completed the identity verification. Completed forms must be forwarded to the Special Olympics Illinois Normal office for approval.

#### Special Olympics Illinois Procedures

All forms will be reviewed for completeness. Incomplete forms will be returned for completion. Completed forms and reference information will be reviewed and all individuals will then either be approved or denied as volunteers. All volunteers will be informed, in writing, of their acceptance or denial. Individuals accepted as volunteers will also receive an approved copy of their volunteer application. The original form will remain on file at the Special Olympics Normal office.

NO INDIVIDUAL IS ALLOWED TO VOLUNTEER UNTIL HE/SHE HAS BEEN  
APPROVED BY SPECIAL OLYMPICS ILLINOIS



Special Olympics Illinois

# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS ILLINOIS

Valid Application for Participation is mandatory for all competitors  
605 E. Willow St. • Normal, IL 61761-2682 • 309-888-2551

SO ILL Rev. 4-1-08

SO ILL OFFICE ONLY

SO ILL OFFICE ONLY

## ATHLETE INFORMATION

Athlete Name (last name, space, first name)

Birthdate

M M D D Y Y

Agency Name

Sex (M or F)

Athlete's Mailing Address

Parent's/Guardian's (Please Circle One) Home Address

Athlete's City

Parent's/Guardian's City

State

Zip Code

State

Zip Code

(Optional)  White  Black/African American  Asian  
Ethnicity  Hispanic/Latino  Other

Parent's/Guardian's Home Telephone

## HEALTH INSURANCE & EMERGENCY INFORMATION (Required for Processing)

Person to be contacted in case of emergency

Emergency Contact Phone ( )

Medical Insurance Company

Policy Number

## PARENT AND/OR GUARDIAN AUTHORIZATION AND MEDIA RELEASE

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant"), hereby request permission for the Entrant to participate in Special Olympics programs. I acknowledge that Special Olympics will screen all entrants using the Sex Offender Public Registry and understand that entrants listed on the Registry will be denied participation. I affirm that this Entrant has never been on said Registry or, if Entrant was listed on the Sex Offender Public Registry but has since been removed, I will contact Special Olympics Illinois for instructions before submitting this application.

I represent and warrant to you that the Entrant is physically and mentally able to participate in Special Olympics, and I submit herewith a subscribed medical certificate. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlantoaxial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, artistic gymnastics, diving, pentathlon, high jump, alpine skiing, soccer, soccer skills, powerlifting squat and butterfly stroke and diving starts in swimming.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify Special Olympics from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to Special Olympics Illinois to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics and in appealing for funds to support such activities. I understand that by signing below I consent for the Entrant to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs. The Entrant has no obligation to participate and I understand the Entrant should seek his/her own medical advice and assistance and Special Olympics is not responsible for the Entrant's health.

If I am not personally present at Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

I, THE UNDERSIGNED ADULT ENTRANT, have read and fully understand the provisions of the above release and/or have had them explained. I hereby agree that I will be bound thereby and I shall defend Special Olympics Illinois and hold it harmless from disaffirmation thereof.

I, THE UNDERSIGNED PARENT AND/OR GUARDIAN of the above specified Entrant, have read and fully understand the provisions of the above release and have explained them to said Entrant. I hereby agree that I and said minor will be bound thereby, and I shall defend Special Olympics Illinois and hold it harmless from any disaffirmation thereof by said minor.

Signature of Parent   
and/or Legal Guardian   
(Check appropriate box)  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

Entrant \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive the Special Olympics Illinois newsletter? Yes  No

Would you like to receive the Special Olympics Illinois newsletter? Yes  No

## MEDICAL CLEARANCE

### PLEASE CHECK MEDICAL INFORMATION

Does athlete have Down Syndrome? Yes  No

If yes, have x-rays of the C1-C2 vertebrae been taken and examined? Yes  No

Date of x-ray \_\_\_\_\_  
Is the athlete clear of Atlantoaxial Instability? Yes  No

Does the athlete have or is the athlete:  
Heart Problems Yes  No   
Diabetic Yes  No   
Epileptic/Seizures Yes  No   
Blind Yes  No   
Deaf Yes  No   
Hepatitis Yes  No   
Other \_\_\_\_\_

Current Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Allergies to medication, if any: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

I have examined the above-named Entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in the Special Olympics sports training and competition program. Further information will be forwarded if required. Current medication, if any, is specified with dosage on this application.

Examination Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Original parent/guardian and doctor signatures are required by the office of Special Olympics Illinois. Faxed signatures will not be accepted.



# CLASS A VOLUNTEER REGISTRATION FORM ADULT

E-59

Class A Volunteers 18 years of age or older must complete this form.

**All applicants must complete Protective Behaviors training and attach verification of completion when submitting a Class A Form**  
Please see the reverse side for instructions to complete the training.

AREA \_\_\_\_\_  
AGENCY# \_\_\_\_\_  
AGENCY NAME \_\_\_\_\_

Please check the appropriate item that defines your role with Special Olympics Illinois.

Coach \_\_\_\_\_ Chaperone \_\_\_\_\_ Unified Partner \_\_\_\_\_ Young Athlete \_\_\_\_\_ Other \_\_\_\_\_

**Section I:** All information is required unless indicated optional. If you do not have a driver's license, please mark NA on the appropriate line.

Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Full Middle Male Female

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Number Street Name Apartment/Suite/Unit

City \_\_\_\_\_ County \_\_\_\_\_ State/Zip \_\_\_\_\_  
( )

Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
( ) Day/Evening

**Section II:** Background information. Please answer all questions.

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

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

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

Has your drivers license been suspended or revoked in any state, for moving violations within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* If I answered yes, then I agree not to serve as a volunteer driver for Special Olympics Illinois. This includes driving for Special Olympics. This includes driving for Special Olympics to, from, and during all sanctioned events.

**Section III:** Please list two non-family member references and their contact information. By providing these references I am authorizing Special Olympics Illinois to contact them in reference to my volunteer application.

	Name	Relationship	Phone Number	Best time to call
1.				
2.				

**Section IV: PLEASE READ BEFORE SIGNING.**

I agree as follows:

- I affirm, under penalty of perjury, that all answers and information are truthful and understand that Special Olympics Illinois (SO ILL) may refuse to allow me to volunteer if I provided incorrect information or withheld information;
- I give permission for SO ILL to obtain information relating to my criminal history records including arrest and conviction data, plea bargains and deferred adjudications;
- I understand and acknowledge that as long as I remain a volunteer with SO ILL, the criminal history checks will be repeated every three years;
- The relationship between SO ILL and volunteers is an "at will" arrangement and it may be terminated at any time, without reason or cause by either party;
- I grant SO ILL and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, websites, or in any other form, format, or media to promote Special Olympics, its mission and to raise funds for Special Olympics;
- I have read, understand and agree with the terms of the SO ILL Coaches/Volunteer Conduct Policy and the organizational Policy & Procedures
- I waive, release, and discharge SO ILL, 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 SO ILL conducting criminal history checks on me;
- I will notify SO ILL of all changes to the information provided on this original form.

Adult Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGENCY REPRESENTATIVE AUTHORIZATION**  
Please sign and date this form to verify you have checked this individual's photo identification.

Signature of Agency Representative (Head Coach/Director/SOAD) \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**USE BY SPECIAL OLYMPICS ILLINOIS STAFF ONLY**

Accepted \_\_\_\_\_

Rejected \_\_\_\_\_  
as a Class A Volunteer

Signature of SO ILL Representative \_\_\_\_\_

Date \_\_\_\_\_

**SEND AGENCY FORMS TO YOUR AREA DIRECTOR.**  
SO ILL REV. 8-1-08

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