



In accordance with the Special Olympics Volunteer Screening Policy and with the interest of the health and safety of all participants in mind, we ask your cooperation by fully completing the requested information. ALL information is required and confidential.

Please Print All Information Legibly. This is a two-page application

| | | |
|---------------------------|-------------------------------------------------|-------------------------------------------------------|
| | | |
| Complete LAST Name | Complete FIRST Name, NO nick name | Complete MIDDLE Name, NO Middle Initial |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth: ___/___/___ Month Day Year | ** ___/___/___ Social Security Number for Applicants 18 & Older |
| **A social security number is OPTIONAL to perform a background check. Criminal background checks are required of all <u>adult</u> Special Olympics Maryland, volunteers, Unified Partners, and employees. | | |

Home Street Address

| | | | |
|-------------|--------------|---------------|-----------------|
| | | | |
| City | State | County | Zip Code |

| | |
|----------------------|------------------------------------------------------------------------------------------------------|
| | |
| Email address | Primary Phone: Please check box - <input type="checkbox"/> Home <input type="checkbox"/> Cell |

Employer/School: _____ **Occupation/Position:** _____

Employer/School Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact Information (ALL INFO REQUESTED IS REQUIRED):

Emergency Contact Name: _____

Relationship to you _____ Primary Phone Number: _____

ADULT volunteers/partners, please list (1) adult, non-family reference: please print all information
Individuals 17 years old or younger must complete the separate Student/Minor Reference Form

Reference: *Complete Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

*Primary Phone Number: (____) _____

FOR LICENSED MEDICAL PROFESSIONALS ONLY. **Please List your Medical Credential** _____
Please provide a copy of your current medical license or certificate with this application

Please answer the following questions:

- | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| 1. Do you use illegal drugs? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Have you ever been convicted of, or granted probation before judgment for: | | | | |
| a) A criminal offense OR | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) Driving while impaired, intoxicated, or under the influence of alcohol or drugs? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Have you ever been charged (as an adult or juvenile) with neglect, abuse or assault? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Within the past five (5) years, have you been at fault for two (2) or more traffic accidents, or had your automobile insurance cancelled for safety reasons? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Please read each statement before signing: I do hereby understand and confirm that:

- I have completed the General Orientation/Protective Behaviors session for volunteers and have been educated on the Special Olympics Maryland Volunteer Code of Conduct and SOMD's general procedures for protecting athletes from abuse. I agree to abide by these guidelines for the benefit and safety of all participants in the Special Olympics Program;
- I give my permission to Special Olympics Maryland to verify the information I have given and to conduct a criminal background screening and/or driving record screening;
- I authorize others to make available to any duly authorized representative of Special Olympics Maryland any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Special Olympics Maryland;
- I agree to indemnify and hold harmless Special Olympics Maryland, Special Olympics Inc., and any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of this request;
- in the course of volunteering for Special Olympics Maryland, I may be dealing with confidential information, and I agree to keep that information in the strictest confidence;
- the relationship between Special Olympics Maryland and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Maryland;
- I grant Special Olympics Maryland permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Maryland;
- I am responsible for informing Special Olympics Maryland of ALL changes regarding information contained in this application, and that I may be asked to provide updated information at any time.
- In consideration of participating in Special Olympics Maryland activities, including Unified Sports, 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 Unified Sports events. I fully understand the event may 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 (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.
- If during participation in Special Olympics Maryland activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics Maryland to take whatever measures are necessary to protect my health and well-being including, if necessary, hospitalization.
- I (and/or my minor child) release, indemnify, covenant to sue and hold harmless Special Olympics Maryland, Special Olympics Inc., its administrators, directors, agents, officers, volunteers, employees and other Unified Sports participants and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit) demands, costs, or damages that I (or my minor child) may incur as a result of participation in Special Olympics Maryland activities, including Unified Sports events, and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement" I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

SOMD Housing Policy Information

The health and safety of all Special Olympics Maryland participants is of paramount importance to Special Olympics Maryland. Participants should feel that every Special Olympics Maryland event is a safe and positive experience and should not be fearful of other participants, coaches or volunteers. Athletes will be matched for housing based on size, level of maturity, ability and age. Each member of the delegation shall be assigned his/her own bed. Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex *. The chaperone/athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. All chaperones must be screened in accordance with the Special Olympics Volunteer Screening Policy.*See complete Special Olympics Maryland Housing Policy for allowed exceptions. The complete Special Olympics Maryland Housing Policy can be found at www.somd.org.

Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If you/your athlete report any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away. Participants with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the participant especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the participant suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and athletes is the key for athlete safety. Any participant even suspected of suffering a concussion should be removed from the game or practice immediately. No participant may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the participant should continue for several hours. Special Olympics Maryland, Inc. requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years including an participant who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the participant is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received written clearance to return to play from that health care provider. For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/Concussion>

I affirm that I have read and understand this Volunteer Application and that the information given is true and complete. I have read the "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand and agree to it. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Applicant Signature: _____ Date: _____

IF APPLICANT IS A MINOR: **Individuals 17 years old or younger must also complete the separate [Student/Minor Reference Form](#)**

Parent/Guardian Name: _____ Relationship to Applicant: Parent Guardian Other _____

Signature of Parent/Guardian: _____ Primary Phone #: _____

Signature of Special Olympics Maryland Staff or Authorized Representative _____ Date: _____

Photo ID Provided: Yes NO

SIGN

SIGN

**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 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 Maryland, 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

Parent/Guardian Signature (required if under 18 years old or has a legal guardian)

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: _____