Special Olympics Ohio

TO: Coaches/Teachers/Volunteers/Chaperones/Unified Partners
FM: Janet Smith/Lindsay Bartsch
DATE: 2018
RE: Special Olympics Ohio Adult Level A Volunteer Application

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In their continuing effort to provide the safest environment for our athletes, Special Olympics Ohio has initiated a screening program for key volunteers – Level "A". Level "A" volunteers are defined as those volunteers that have a close contact with athletes such as teachers, coaches, overnight hosts, **Partners** and drivers of athletes.

Please note the new form as of August 1st, 2018.

The Application Form for Class A volunteers is attached. Please complete this form and return to the SOHC office. The Application will then be sent to Special Olympics Ohio where they will do a background screening. The Background Screening will consist of submission of the Class "A" Volunteer Form and screening of the Volunteers through a National Vendor. The costs of this volunteer policy will be absorbed by Special Olympics Ohio.

All information on the form must be filled out. **This includes your Social Security Number**. If you are not comfortable with putting down your SSN number, please contact the SOHC office when you submit, or submit a note with your application which includes the best phone number that staff at Special Olympics Ohio can reach you to take over the phone.

We will need a signed **Disclosure and Authorization Form and a Personal Data Form** to be completed and turned in with the completed Level "A" form. This additional authorization form keeps us in compliance with the Fair Credit Reporting Act (FCRA). The Disclosure and Authorization Form is attached.

Please complete the front and sign the back of the Level "A" form and sign the Authorization Form and Personal Data Form. You can either fax the forms back to our office at 513-271-2631 or return to the address below. If you fax it back make sure you fax both the front and back of the Level "A" form.

In addition to the Class "A" volunteer form that you have filled out you will also need to do the online module which is described below.

Special Olympics International has developed a new "online" Protective Behaviors training module that must be completed by all new and continuing Class "A" volunteers. The Protective Behaviors training material is a critical tool for protecting Special Olympics athletes from sexual, physical and emotional abuse" according to Special Olympics International.

To access the online Protective Behaviors training, you will need to:

1. Go to www.sooh.org
2. In the drop down menu, select "Sports"
3. Click on "Coaches Education"
4. Click on the "Protective Behaviors Training".
   Click on this and you will be taken directly to the training module.
5. You will receive by e-mail a confirmation that you completed the training.

PLEASE FORWARD THIS RECEIPT TO LINDSAY BARTSCH – lindsay.bartsch@specialolympics-hc.org

It takes about 10 minutes to complete the training module. It will then ask you to register at the end by state. Through this registration, SOO will receive verification of your Class "A" volunteer completion of the training.

If you have any questions concerning this application form or on-line training, please call the office.

Special Olympics Hamilton County
4790 Red Bank Expressway, #206, Cincinnati, OH 45227
Tel +513-271-2606 **Fax** +513-271-2631 **www.specialolympics-hc.org**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for approved Class A Volunteer status with Special Olympics Ohio and, if already an approved Class A Volunteer, in considering you for your three year renewal of that Class A Volunteer status, Special Olympics Ohio may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through person interview with your prior employers, neighbors, friends, or associates, or others who may have knowledge concerning any such times of information. In the event an investigative consumer report is requested bout you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Special Olympics Ohio
Class "A" Volunteer Application

Special Olympics Ohio

Special Olympics Local Organization: _____

Registration Type (Mark all that apply): Coach Unified Partner Volunteer

Are you a new applicant or re-applying? New Re-Applying

Are you applying as a youth or adult volunteer? Youth Adult

Applicant Information:		
First Name:	Middle Name:	Last Name:
Date of Birth (mm/dd/yyyy):	Gender:	
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Sport/Activity:		
Employer/School Information		
Employer/School Name:		
Address:		
City:	State:	Zip Code:
Emergency Contact Information:		
Name:	Relationship	Phone Number
Background Check Information:		
Social Security Number:		
Driver's License Number (If Applicable)		

Your social security number shall be used for no purpose other than to make the process of conducting a background search accurate.

Background Information:		
Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been charged with neglect, abuse, or assault?	Yes	No
Has your driver's license ever been suspended or revoked in any state?	Yes	No

THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURE AREA.

If you answered yes to any of these questions, please explain in more detail. Please make sure to include locations, dates of incidents, charges, and disposition

Special Olympics Ohio
3303 Winchester Pike, Columbus, 43232, **Tel** 614.239.7050 **Fax** 614.239.1873
www.sooh.org **Twitter** soohio

Reference Information: (please list 2 non-family references)		
First Name:	Last Name:	Relationship
Phone Number:	Email Address:	
Address:		
City:	State:	Zip Code:
First Name:	Last Name:	Relationship
Phone Number:	Email Address:	
Address:		
City:	State:	Zip Code:

PLEASE READ ALL BEFORE SIGNING

I understand that:

1. I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Ohio (SOOH), IntelliCorp and/or Securint, their agents, or any other authorized parties (collectively, "the Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and /or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.
2. I understand that SOOH may rely on any part or all of this information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOOH, or if SOOH chooses not to extend an offer of volunteer duties to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.
3. I understand that the background check, which may be performed by the investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOOH and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.
4. I axpressly grant permission to Special Olympics to conduct a criminal background and other background record check as a condition for my volunteering with Special Olympics and understand the background check will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Class "A" Volunteer status.
5. In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
6. The relationship between Special Olympics and volunteers is an "at will" arrangement and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
7. I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics;
8. I hereby agree to supplement my responses in this application should there be any additional information or should my answers to these questions change at any time that I act as a volunteer on behalf of Special Olympics.
9. I agree to assume all risks which may be associatied with my acitng as a volunteer for Special Olympics and waive all claims or causes of action of any nature against SpecialOlympics, their agents or assings which may arise out of my acting as a volunteer. I hereby release and agree to indemnify and hold harmless Special Olympics, their agents or assings, form any liability or responsibility for any damage or loss of any kind whatsoever which may arise in the consideration of this application to act as a volunteer or consistent with my actions as a volunteer should this application be approved.

SPECIAL OLYMPICS SHALL NOT DISCIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGN, SEX, MARITAIL STATUS, CREED OR DISABILITY.

I hereby certify that the above responses are true and accurate and I understand the condition herein.

Applicant Signature: (required for adult with capacity to sign legal documents)	
I have read and understand this form. By signing, I agree to this form.	
Signature:	Date:

Parent/Guardian Signature: (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this forma nd have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Signature:	Date:

AUTHORIZATION

I have read and understand the forgoing Disclosure, and **Special Olympics Ohio** to obtain and rely upon consumer reports or investigative consumer reports in considering me for approval of a Class A Volunteer status and, if I already have approved Class A Volunteer status, in considering me for renewal of that Class A Volunteer status every three years. By my signature below, I authorizer the **Special Olympics** Ohio to obtain any such reports and to share the information received with any person involved in the Class A Volunteer decision about me.

I do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquires to the Human Resources Department and to any listed supervisors or reference in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faced, photocopied, or electronic (including electronically singed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Special Olympics.

Applicant Signature: (required for adult with capacity to sign legal documents)	
I have read and understand this form. By signing, I agree to this form.	
Applicant Printed Name:	
Signature:	Date:
Parent/Guardian Signature: (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this forma nd have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Signature:	Date: