

Special Olympics West Virginia Summer Games 2017, JUNE 2 - 4, Charleston, WV

VOLUNTEER SCHEDULE

SPECIAL SMILES VOLUNTEER

NAME: _____ AGE: _____ SHIRT SIZE: **S M L XL 2X 3X** (circle one)

ADDRESS: _____

PHONE: _____ E-MAIL: _____

VOLUNTEERING ORGANIZATION, BUSINESS, SCHOOL: _____

PLEASE CHECK AVAILABLE DAYS AND TIMES YOU WOULD LIKE TO VOLUNTEER. Volunteer start time (as indicated on schedule) is ½ hour prior to event starting time. Time shown is true time to register.

FRIDAY JUNE 2

Position	Start Time	End Time
Volunteer Registration	10:30 a.m. -	3:00 p.m. _____
Olympic Village	1:30 p.m. -	5:30 p.m. _____
Track & Field	2:00 p.m. -	5:30 p.m. _____
Bocce	12:15 p.m. -	5:30 p.m. _____
Swimming	1:45 p.m. -	5:30 p.m. _____
Golf	2:30 p.m. -	6:00 p.m. _____
Awards (pre-selected group only apply)	1:00 p.m. -	5:30 p.m. _____
Dinner	4:00 p.m. -	7:30 p.m. _____
Opening Ceremonies	7:30 p.m. -	10:00 p.m. _____

Special Smiles-Dental Tent at Olympic Village
Select Olympic Village and the times you desire to volunteer, we will need coverage all 3 days.
For more information or details about the Special Smiles please email Barb Thaxton at thaxtone@marshall.edu or Bobbi Muto at bjmuto.steele@marshall.edu
Please feel free to volunteer for other activities as well, you wont be disappointed.

SATURDAY JUNE 3

Position	Start Time	End Time	Start Time	End Time
Volunteer Registration	7:00 a.m. -	10:00 a.m. _____		
Olympic Village	8:00 a.m. -	12:30 p.m. _____	2 nd Shift-12:00 p.m. -	4:00 p.m. _____
Track & Field	7:30 a.m. -	4:00 p.m. _____		
Bocce	7:30 a.m. -	4:00 p.m. _____		
Tennis	8:30 a.m. -	4:00 p.m. _____		
Baggo (Cornhole)	8:30 a.m. -	5:00 p.m. _____		
Swimming	12:45 a.m. -	3:30 p.m. _____		
Golf	12:00 p.m. -	3:30 p.m. _____		
Lunch	10:30 a.m. -	1:30 p.m. _____		
Dinner	4:30 p.m. -	7:30 p.m. _____		
Awards (pre-selected group only apply)	8:00 a.m. -	12:30 p.m. _____	2 nd Shift- 12:00 p.m. -	6:00 p.m. _____

SUNDAY JUNE 4

Position	Start Time	End Time
Volunteer Registration	7:00 a.m. -	9:30 a.m. _____
Olympic Village	8:00 a.m. -	12:00 p.m. _____
Track & Field	7:30 a.m. -	11:00 a.m. _____
Bocce	7:30 a.m. -	11:00 a.m. _____
Baggo (Cornhole)	7:30 a.m. -	11:30 a.m. _____
Awards (pre-selected group only apply)	8:30 a.m. -	12:00 p.m. _____
Lunch	10:30 a.m. -	1:00 p.m. _____

Competition times are subject to change, notification will be given accordingly.

PREFERRED DEADLINE: MAY 15. A SOWV Volunteer Application must be attached to this schedule with a copy of your photo ID. If a minor, you will need a parent/guardian signature. Volunteers must be 12 years of age and older. For questions please contact the Special Olympics WV office at 304-345-9310 or e-mail kendra@sowv.org.

Return by email to kendra@sowv.org or mail to:

Special Olympics West Virginia
1206 Virginia Street East, Suite 100
Charleston, WV 25301



Special Olympics
West Virginia

1206 Virginia Street East, suite 100
Charleston, WV 25301
304-345-9310 fax 304-345-9338

EVENT VOLUNTEER APPLICATION

Full Legal Name: _____

Last

First

Middle

Address: _____

Number

Street

Apt.

Phone (home): _____ (work) _____ E-mail _____

City

County

State

Zip

Date of Birth ____/____/____ Social Security Number: _____ Not Needed

County Program /Org./Company _____

Emergency contact: _____

Name

Relationship

Phone number

_____ PHOTO IDENTIFICATION ATTACHED

Please check yes or no:

- | | | |
|---|---------|--------|
| 1. Do you use illegal drugs? | Yes ___ | No ___ |
| 2. Have you ever been convicted of a criminal offense? | Yes ___ | No ___ |
| 3. Have you ever been charged with neglect, abuse or assault? | Yes ___ | No ___ |
| 4. Has your driver's license ever been suspended or revoked in any state? | Yes ___ | No ___ |

PLEASE READ BEFORE SIGNING

- Some of the information that I have provided may be verified, and I give permission to Special Olympics to check my references;
- 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;
- In relationship between Special Olympics volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I hereby agree to release, discharge and hold harmless Special Olympics West Virginia, its officers, agents, its director and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Special Olympics West Virginia;
- I understand that the activities and/or competitions held at and in connection with Special Olympics and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participation as a volunteer with Special Olympics West Virginia;
- I understand that if a medical emergency should arise during my participation in any SOWV activity and I am not able to give my consent for treatment for any reason, that SOWV is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization.

CODE OF CONDUCT

PLEASE READ BEFORE SIGNING

Statement of Purpose

The purpose of the Code of Conduct is to protect athletes from abuse, mistreatment and exploitation and to help ensure that each athlete is treated with the same respect and dignity that should be afforded every human being.

Human Dignity

Each individual is entitled to be treated with respect, dignity and equality. No individual, and in particular, no Special Olympic athlete, should be spoken of or to in a degrading or humiliating fashion. Youth, young adults and adult athletes should be accorded the same respect that any individual of their chronological age would be afforded. Each athlete, regardless of abilities, should be recognized for their accomplishments and for their unique abilities.

Protection for Abuse

- No athlete shall be subject to any form of physical, sexual or emotional abuse. No individual or volunteer shall abuse, sexually abuse, sexually exploit or mistreat any athlete or cause physical injury to any athlete. All injuries to athletes will be reported to the proper medical personnel immediately.
- No person by acting, failing to act, encouragement to engage in or failure to deter from will cause any athlete to be subject to abuse, sexual abuse or sexual exploitation, neglect, exploitation or mistreatment.
- No person shall engage any athlete, as an observer or participant, in sexual acts.
- No person shall make unjust or improper use of an athlete or their resources for profit or advantage

Acknowledgment of Responsibilities

- I have read and acknowledge that I understand and will abide by the Code of Conduct
- As a volunteer, I agree that while serving I will abide to the Volunteer Code of Conduct:
 - Provide for the general welfare, health and safety of all Special Olympics athletes and volunteers
 - Dress and act in an appropriate manner at all times
 - Follow the established rules and guidelines of Special Olympics, Special Olympics Inc, and/or any agency involved with Special Olympics.
 - Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
 - Abstain from consumption or use of all alcohol, tobacco products and illegal substances while involved with ANY Special Olympics event, competition or training school.
 - Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of Special Olympics

I affirm that I have read and understand the above and that the information I have given on this application is true and complete. I understand that if I violate this Code of conduct I will be subject to a range of consequences, up to an including being prohibited from volunteering in Special Olympics.

Signature _____ Date _____

Print Name _____

If under eighteen (18) years of age:

The undersigned is the (check one) _____ parent _____ legal guardian of the volunteer and executes the release on behalf of the volunteer.

Signature _____ Date _____

Print Name _____

Event Volunteer Release Form

(Class B: Single day, Single event/Fundraiser, Healthy Athletes, Drivers on behalf of Special Olympics not transporting athletes)

**Special
Olympics**
West Virginia



NAME: First:	Last:
STREET ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE: ()	E-MAIL:
COMPANY/SCHOOL/ORGANIZATION:	
COMPANY/SCHOOL/ORGANIZATION GROUP LEADER: <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE:

I would like to receive news and volunteer opportunities from Special Olympics West Virginia by email.

SPECIAL OLYMPICS WEST VIRGINIA EVENT:	
VOLUNTEER POSITION:	LOCATION:

SPECIAL OLYMPICS WEST VIRGINIA RELEASE STATEMENT

I/we understand that the applicant will be using facilities at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless Special Olympics West Virginia (SOWV) from all liability for injury or accident to person or damage to the applicant's property.

I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOWV or at my/our option and that SOWV may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

I/we grant SOWV and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, and on SOWV and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In the course of volunteering for SOWV I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

In signing this application, I/we am verifying that I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all Special Olympics rules and regulations of the organization.

I/WE HAVE READ AND UNDERSTAND THIS DISCLOSURE.

APPLICANT'S SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN'S SIGNATURE FOR MINOR: _____	DATE: _____

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION

To be filled out at check-in or by your Group Leader

I have viewed a photo ID of this applicant and verified that the picture and the name on the photo ID match the person named on this application. If no photo ID is available, an approved volunteer has verified the identity of this applicant. This applicant will serve in a Class B capacity.

NAME (please print): _____ **PHONE:** (____) _____
E-MAIL: _____