



**Lucas County Special Olympics**  
1154 Larc Lane  
Toledo, OH 43614  
419-380-5452  
FAX: 419-380-2636



To Special Olympics Volunteers:

Thank you for your interest in volunteering with our athletes! We are glad to have you along in this adventure as our athletes compete in their sports. You will have as much fun as they do!

Please fill out the enclosed forms and return to me a.s.a.p. I will need to send them to The Ohio Special Olympics in Columbus for clearance. I will also need a copy of the e-mail stating you completed the course "Protective Behaviors." Directions on how to take the course are included. Coaches are expected to take "Concussion in Sports" (I will need the certificate of completion for this class)

See you at our next event!!

Liz Lubinski  
Community Inclusion Trainer  
[llubinski@lucasdd.org](mailto:llubinski@lucasdd.org)

Special Olympics, Lucas County  
1154 Larc Lane  
Toledo, OH43614



**LUCAS COUNTY  
SPECIAL OLYMPICS  
1154 Larc Lane  
Toledo, Ohio 43614**

Dear Volunteer,

Special Olympics International has revised its "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 Olympic athletes from sexual, physical, and emotional abuse.

To access the online training, go to [Http://sooh.org/coaches- education/](http://sooh.org/coaches-education/) or go to the Ohio special Olympic website: <http://sooh.org>  
Under "Sports" go to Head Coach Certification and click on "Protective Behavior Training." Take the class.

**If you are a coach, assistant coach or volunteering as a chaperone:**

Please be sure to complete the "Concussion in Sports Training" course. On the home page click the Sports tab in the top bar, then click coaches education-coaching resources-Head Coach Certification Program Resources-Concussion in Sports Training-hover over red "FREE" -click view course-select the State of Ohio-order course! (It is free)

**\*\*Through this registration you will receive verification of your completion of training, in the form of an e-mail for protective behaviors and a certificate for the concussion course.**

Please forward these notifications of training completions to [lubinski@lucasdd.org](mailto:lubinski@lucasdd.org).

Ohio Special Olympics will not allow volunteers to assist at any State event until they have completed this training.

If you have any questions feel free to call me at 419-380-5452 or 419-380-5115.

Thanks in advance for your help!

Liz Lubinski, Community Inclusion Trainer

# 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

<b>Applicant Information:</b>		
First Name:	Middle Name:	Last Name:
Date of Birth (mm/dd/yyyy):		Gender:
Address:		
City:	State:	Zip Code:
Phone Number:		Email:
Sport/Activity:		
<b>Employer/School Information</b>		
Employer/School Name:		
Address:		
City:	State:	Zip Code:
<b>Emergency Contact Information:</b>		
Name:	Relationship	Phone Number
<b>Background Check Information:</b>		
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.

<b>Background Information:</b>		
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
<b>THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURE AREA.</b>		
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		



<b>Reference Information: (please list 2 non-family references)</b>		
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 expressly 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 associated with my acting as a volunteer for Special Olympics and waive all claims or causes of action of any nature against Special Olympics, their agents or assigns 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 assigns, from 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 DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.**

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

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



*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 about 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.



**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 form and 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 authorize 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 signed) 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 form and 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:

## Lucas County Special Olympics Volunteer Emergency Information

Fill out completely and return to Lucas County Special Olympics: [llubinski@lucasdd.com](mailto:llubinski@lucasdd.com) or mail to address below.

Volunteer's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

This information will be kept strictly confidential and will be used only in an emergency situation.

Please ensure that your designated emergency contact person is able to provide assistance in an emergency and/or is able to provide necessary information that may be needed to ensure your health and safety.

Please take steps as appropriate to notify of medical issues such as allergies or a seizure disorder. Appropriate actions may include wearing an identification bracelet or programming "ICE" into your cell phone. It is now common practice for emergency responders to check the phone number listings in a victim's cell phone for a listing entitled "ICE" which stands for "in case of emergency"

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return to  
Lucas County Special Olympics  
1154 Larc Lane  
Toledo, OH 43614  
FAX (419) 380-2636