Document of Volunteer Responsibilities

Volunteering for Special Olympics Michigan is both a responsible and rewarding opportunity. You make it possible for Special Olympics athletes to benefit from challenging sports training and competition. Volunteering for Special Olympics Michigan is an opportunity and responsibility to make sport experiences meaningful for the athlete. Through your volunteer facilitation, Special Olympics athletes have the opportunity to grow. Special Olympics Michigan depends upon volunteers to interact positively with all individuals, to act in a mature manner, and demonstrate a high level of responsibility.

As a volunteer, you are expected to:

1) Fulfill the responsibility of your assignment:
   a. carry out all aspects of your assignment, take General Orientation and Protective Behaviors Quiz online at www.somi.org
   b. attend required meetings

2) Set an example for the athlete:
   a. refrain from drinking, using illegal substances, or using profanity when acting as a volunteer
   b. avoid any behavior, which may be misunderstood or misinterpreted by the athlete
   c. be helpful to and supportive of everyone associated with Special Olympics Michigan

3) Demonstrate good sports-like behavior:
   a. support the decisions of referees, judges, and committees and use the proper protest procedure
   b. be respectful during ceremonies and help the athletes behave likewise
   c. praise the athletes for their efforts and encourage them to be happy for the success of others
   d. support and encourage the other volunteers and staff

4) Be continually vigilant and cognizant of the safety of the athlete:
   a. never leave an athlete unattended
   b. report anything you observe, which you feel may cause harm
   c. never put yourself in a compromising situation

5) Be loyal to your commitment to Special Olympics Michigan:
   a. look for constructive ways to overcome obstacles
   b. address concerns and complaints to those who can effect, correction, and/or change
   c. be a responsible guardian over any information you may have about others (athletes, volunteers, and staff)

6) Take advantage of the opportunity Special Olympics Michigan offers you:
   a. be open to new ideas and new ways of doing things
   b. become an active participant by extending your involvement to other roles of leadership and training
   c. enjoy the challenge of learning about and from individuals who are different than you
   d. delight in the change that your involvement makes in the life of someone you know and the many lives of those you will meet
   e. offer constructive suggestions for legitimate improvements to Special Olympics Michigan events

rev. 12/07/06
Special Olympics Michigan
Volunteer Form (Class A)

This form has been developed for your safety and the safety of other volunteers and athletes involved in the Special Olympics Michigan program. Please take time to complete the form and read the back. All information on the form will be kept confidential.

Full Name is IMPORTANT to get accurate information.

Name: Mr./Mrs./Ms./Dr. Circle One

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<th>Last Name</th>
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Mailing Address

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Email

Gender: M

Phone (evenings) ( ) (days) ( ) Birth Date

Occupation

Driver’s License No.

Photo ID Verified Date

AD Initials

Employer/School Name

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Emergency Contact

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<th>Phone (evenings)</th>
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1) Do you use illegal drugs?
2) Have you ever been convicted of a criminal offense?
3) Have you ever received convictions/been charged for neglect, abuse, or assault?
4) Has your driver’s license been suspended or revoked in any state or have you had 3 moving violations within the last 3 years?
   If yes, please explain
5) Do you have a medical condition we should be aware of?
   If yes, please explain
6) Have you taken the protected behavior and general orientation quiz?

List two (2) references:

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PLEASE READ BEFORE SIGNING:

I understand that:
- The Information I have provided may be verified, and I give permission to Special Olympics Michigan to make inquiry of others concerning my suitability to act as a Special Olympics Michigan volunteer, a State Background Check will be conducted;
- In the course of volunteering for Special Olympics Michigan, I may be dealing with confidential information, and I agree to keep said information in strictest confidence;
- The relationship between Special Olympics Michigan and volunteers is an “at will” arrangement and may be terminated at any time without cause by either the volunteer or Special Olympics Michigan;
- I grant Special Olympics Michigan permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities for Special Olympics.

If there are any changes in the information, I will inform Special Olympics Michigan. Background Checks will be re-run according to SOI regulations.

I affirm that I am at least 18 years of age, have read the above and the back of this form, and the information I have given is true and complete.

Signed: ____________________________ Date: ________________

Fax or Mail to the SOMI State Office

Rev. 3/19/14