

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

APPLICATION FOR PARTICIPATION

SPECIAL OLYMPICS MICHIGAN

AREA _____

LOCAL _____

SECTION A ATHLETE PERSONAL DATA

Athlete first name and initial		Athlete last name		Email address		Athlete date of birth (mm/dd/yyyy) / /	
Home address (number and street)			Apt. no.	Phone number for athlete		Please indicate the athlete's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City or town, state, and zip code				Athlete's health / insurance company		Policy number	
Parent/guardian first name and initial		Parent/guardian last name		Name for an emergency contact			
Parent/guardian address (number and street) if different from above				Phone number for emergency contact			
City or town, state, and zip code				Please indicate the athlete's race/ethnicity (optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____			
Parent/guardian phone		Parent/guardian Employer					

SECTION B ATHLETE HEALTH DATA

Please check yes or no to the following health conditions:

	Yes	No	
1			Heart disease/ Heart defect/ High blood pressure
2			Chest pain/ Fainting spell/ Heat stroke/ Exhaustion
3			Seizure / Epilepsy Indicate frequency _____
4			Diabetes Please indicate: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
5			Concussion/Serious head injury Date of Injury _____
6			Major surgery or serious illness
7			Visual/Hearing impairment or correction (for example, blind or wears glasses/contacts or hearing aids)
8			Bone or joint disorder
9			Allergies (please check box and list specific allergy) <input type="checkbox"/> Medicines _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insect bites/stings _____ <input type="checkbox"/> Other _____
10			Special diet
11			Asthma or exercise-induced wheezing
12			Tendency to bleed
13			Emotional/ Psychiatric/ Behavioral problems
14			Immunizations are up to date Date of last tetanus shot _____
15			Motor impairment requiring special equipment
16			Other or new problems that would interfere with or modify sports participation (for example, wheelchair, other assistive devices)
17			Shunt
18			Blood-borne contagious infection carrier (for example, HIV, Hepatitis B)
19			Down syndrome Have x-rays been taken to check for atlantoaxial instability (AI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of x-ray _____ Was AI present? <input type="checkbox"/> Yes <input type="checkbox"/> No
20			Bed weller
21			Deformities (for example, curvature of back, one kidney, one testicle, etc.)
22			Urination/bowel problem
23			Dental concerns (for example, dentures, braces, chipped teeth, bridges)
24			Have you ever been convicted or charged with a criminal offense, neglect, abuse, or assault?

For any 'yes' responses to questions 12-24, please explain:

25 Please indicate intellectual disability diagnosis if known (condition or cause):

SECTION C ATHLETE RELEASE

By submitting this form, I hereby request permission for the above-named applicant (hereafter referred to as "entrant") to participate in Special Olympics. I represent and warrant that the entrant is physically and mentally able to participate in Special Olympics, and I submit a subscribed medical certificate.

I understand that it is the entrant's responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both the entrant and fellow athletes. I grant permission for Special Olympics to use the likeness, voice, and words of the entrant in TV, radio, newspapers, magazines, and other media for the purpose of communicating the mission and activities of Special Olympics and/or applying for funds to support the mission and activities of Special Olympics. I authorize Special Olympics to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the entrant in the event that he/she becomes ill or injured at any Special Olympics activity and no responsible adult authorized to act on the entrant's behalf is immediately available to be consulted as to the appropriate medical care for the entrant. I understand that if housing is provided at events, entrants will be sharing rooms with other entrants or volunteers of the same gender.

I have received information on the signs, symptoms & consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

Signature of Parent/Legal Guardian/Own Guardian		Date
Signature of Athlete under 18 years old		Date

Note to entrant (or parent of entrant) with Down Syndrome: If a radiological exam certifies the presence of atlantoaxial instability, the entrant and two physicians must complete the "Special Release for Athletes with Atlantoaxial Instability" to participate in sports that may cause hyper-extension, radial flexion, or direct pressure on the neck or upper spine.

SECTION D MEDICAL CERTIFICATION To be completed by examiner

Skin	Head	Eyes	Ears
Nose	Mouth/Throat	Neck	Lungs
Heart	Abdomen	Extremities	Genital
Athlete height		Athlete weight	
Blood pressure			
List health concerns/conditions that Special Olympics should be aware of for this athlete:			
Please read and check box: <input type="checkbox"/> I have examined the individual named in this application and reviewed the Athlete Health Data in Section B, and I certify that there is no medical evidence available to me which would preclude this athlete from participation in Special Olympics.			
Signature of Examiner			Date
Examiner's Name		Examiner's Title (M.D., D.O., C.N.P., P.A.)	
Address			Phone
Note to examiner: If the athlete has Down Syndrome, Special Olympics requires that a full radiological exam be conducted which certifies the absence of atlantoaxial instability before the athlete may participate in sports or events which may result in hyperextension, radial flexion, or direct pressure on the neck or upper spine.			
List medications being taken by athlete. If more than 3 medications, attach a separate sheet listing all medications:			
Medication Name	Dosage	Time(s) Administered	Date Prescribed