



# Adult Unified Partner Application



**Only complete this side if you wish to participate as a Unified Partner. Not all Local Programs offer Unified Sports. Check with your Local Program Coordinator to start or join a team.**

- This form must be completed prior to participation by all volunteers who wish to practice and compete on a Unified Team with Special Olympics Kansas athletes.
- To serve as a Unified Partner for Special Olympics Kansas, you must complete the following:
  - 1) Submit a completed Adult Class A Volunteer Application
  - 2) Complete Online Protective Behaviors Training [www.kssso.org/pb](http://www.kssso.org/pb)
  - 3) Submit Adult Unified Partner Application:  
5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email [kso@kssso.org](mailto:kso@kssso.org)

## Medical Information

Name: \_\_\_\_\_ Local Program Name: \_\_\_\_\_

List any allergies or other medical conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Special Olympics Release and Waiver of Liability to be a Unified Partner

In consideration of participating in Special Olympics as a Unified Partner, I represent that I understand the nature of the program and that I am qualified, in good health, and in proper physical condition to participate as a Unified Partner at events. I fully understand the program involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by the conditions in which events takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I may incur as a result of my participation. I acknowledge that, if at any time I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during participation in Special Olympics activities I need emergency medical treatment and I am not able to give my consent for, or make my own arrangement for, that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Partner participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place (Releasees) from all liability, any losses, claims (other than that of medical accident benefits), demands, costs or damages that I may incur as a result of participation as a Unified Partner at events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

I affirm that I have read this Application and understand its meaning. I also affirm the information I have given is true and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date



# Adult Class A Volunteer Application



- A Class A Volunteer has regular, close physical contact with athletes, is in a position of authority or supervision with athletes, is in a position of trust of athletes and /or handles cash, checks or other assets of SOKS.
- To serve as a an Adult Class A Volunteer for Special Olympics Kansas, you must complete the following:
  - 1) Go to [www.kssso.org/](http://www.kssso.org/)
  - 2) Find and join a Local Program or Committee
  - 3) Submit Adult Class A Volunteer Application:  
5280 Foxridge Dr, Mission, KS 66202; Fax 913-236-9771; Email kso@kssso.org
  - 4) Complete Online Protective Behaviors Training [www.kssso.org/pb](http://www.kssso.org/pb)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_F \_\_\_M

Email(s): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### LOCAL PROGRAM OR COMMITTEE NAME:

*(ex. M.400-Bayside Tigers, Summer Games GMT, Heroes Pull Committee)*

### Please Answer the Following Questions:

- 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 Drivers License been suspended or revoked in the past 3 years?  Yes\*  No

\* If yes, please provide: DL# \_\_\_\_\_ State \_\_\_\_\_

### Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Kansas permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Kansas 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 Kansas.
- I will notify Special Olympics Kansas of any change to the information I have provided on this Application within 90 days of its occurrence.

### AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer and/or for continuing volunteer services for Special Olympics Kansas ("SOKS"), General Information Services, Inc., their agents, assigns or any other authorized third parties (collectively, "the Investigators") **and/or** local and state law enforcement agencies 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").

I understand that SOKS 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 SOKS or if SOKS 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.

I have read this CLASS A VOLUNTEER APPLICATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of, or in possession of, the requested Information, to disclose such Information to Investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization, and I hereby authorize the Investigators to receive my criminal record(s).

I understand that the background check as described above will be conducted again on or after the cycle date of this application and every cycle period thereafter unless I am no longer seeking Class A Volunteer status, in which case I will notify Special Olympics Kansas.

\_\_\_\_\_  
Signature of Applicant                      Date