

# I N S P I R E G R E A T N E S S



**Special Olympics**  
North Carolina

Thank you for your interest in working with Special Olympics North Carolina, Inc. (SONC). SONC is a nonprofit organization, which provides sports training and competition on a year-round basis in 19 sports for more than 32,000 children and adults with mental retardation or closely related developmental disabilities. This would not be possible without volunteers like you who help raise funds, serve on committees, or conduct statewide and area events.

It also would not be possible without the thousands of volunteers who serve as coaches.

The year round training athletes undergo helps them build athletic and social skills while making friends and experiencing the joy of achievement week after week, month after month, year after year.

There is so much you can contribute as a volunteer. You can serve in a volunteer leadership position as a Class I volunteer or commit your time as a Class II volunteer for a single event. There are also opportunities to become certified as a Special Olympics coach. Whatever part you play, we hope this is the beginning of a rewarding experience for you and we thank you for your future commitment to our athletes.

## **HOW TO BECOME A VOLUNTEER FOR SPECIAL OLYMPICS IN NORTH CAROLINA**

Fill out the attached Special Olympics North Carolina (SONC) Volunteer Registration Form and return to your area office. The address can be found on the back of this form. Please be sure to complete the form **in full**.

Once your registration form has been processed, you will receive information on events occurring in your area. All volunteers in positions of responsibility (coaches, committee members, fundraisers, event organizers, etc.) must attend an orientation session. There are also orientation sessions held for specific events.

Specific volunteer assignments will be coordinated through the local program in your area and will be based on your interests as well as the program's needs.

## **VOLUNTEER CODE OF CONDUCT**

To ensure that both athletes and volunteers have the best experience possible, we have adopted this Volunteer Code of Conduct.

- I will fulfill the responsibilities of my assignment.
- I will set a good example for the athletes.
- I will demonstrate good sportsmanship and cooperation.
- I will be vigilant and aware of the safety of the athletes.
- I will refrain from the consumption of alcoholic beverages and non-prescribed, controlled substances.
- I will wear my credential/identification provided by SONC and understand it must be visible during events.
- I am specifically granting permission to Special Olympics to use my likeness, voice and words in media for the purpose of public awareness or communicating the purposes and activities of Special Olympics.

**For more information, feel free to call the SONC office at 1-800-843-6276 or visit our Web site at [www.sonc.net](http://www.sonc.net)**



|                     |
|---------------------|
| Office Information: |
| Area _____          |
| Local Program _____ |
| _____               |

## VOLUNTEER INTEREST SURVEY

Name \_\_\_\_\_ County \_\_\_\_\_

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

Business \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Can you be contacted at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### What kind of volunteer position interests you?

\_\_\_\_\_ I would like to be on your mailing list

#### I WOULD LIKE TO VOLUNTEER FOR: A COMMITTEE POSITION

- \_\_\_\_\_ **Fundraising:** Raise money, resources, product donations
- \_\_\_\_\_ **Games:** Organize local/state and special events
- \_\_\_\_\_ **Outreach:** Increase athletic participants via group home, schools, other community agencies
- \_\_\_\_\_ **Public Relations:** Promote Special Olympics through newsletter, media, speaker's bureau
- \_\_\_\_\_ **Family:** Organize special projects, boosters
- \_\_\_\_\_ **Training:** Organize coach training schools, arrange athlete training sessions
- \_\_\_\_\_ **Volunteer:** Recruit volunteers for coaches, special events, committee work
- \_\_\_\_\_ **Finance:** Provide assistance in allocating funds and maintaining records
- \_\_\_\_\_ **Administration:** Assist with data entry and in-house office needs

#### I WOULD LIKE TO VOLUNTEER AS AN ADMINISTRATIVE VOLUNTEER FOR:

- \_\_\_\_\_ My local program/agency
- \_\_\_\_\_ My area office
- \_\_\_\_\_ SONC office in Raleigh

#### I WOULD LIKE TO VOLUNTEER FOR: A COACH OR ASSISTANT COACH POSITION (MUST COMMIT TO ATTEND AN ORIENTATION SESSION; TRAVEL WITH TEAM TO COMPETITION, AND ATTEND TRAINING CLINIC FOR COACHES)

- |                     |                      |                        |                      |
|---------------------|----------------------|------------------------|----------------------|
| _____ Athletics     | _____ Bowling        | _____ Floor Hockey     | _____ Roller Skating |
| _____ Aquatics      | _____ Cheerleading   | _____ Golf             | _____ Soccer         |
| _____ Alpine Skiing | _____ Cycling        | _____ Motor Activities | _____ Softball       |
| _____ Basketball    | _____ Equestrian     | _____ Play Activities  | _____ Tennis         |
| _____ Bocce         | _____ Figure Skating | _____ Powerlifting     | _____ Volleyball     |
|                     |                      |                        | _____                |

How did you hear about Special Olympics? \_\_\_\_\_ Friend \_\_\_\_\_ TV/Radio/Newspaper \_\_\_\_\_ School \_\_\_\_\_ Work  
 \_\_\_\_\_ Family \_\_\_\_\_ Other \_\_\_\_\_

#### What Special Skills, licenses or training do you have that would be valuable to the Special Olympics North Carolina program?

- |   |                              |                                       |
|---|------------------------------|---------------------------------------|
| _____ Sports knowledge                      | _____ Clerical Skills        | _____ Media Relations                 |
| _____ Red Cross (First Aid, CPR, Lifeguard) | _____ Carpenter Skills       | _____ Writing Skills                  |
| _____ Chauffeurs License                    | _____ Organizational Skills  | _____ Graphic Skills                  |
| _____ Music Abilities (band)                | _____ Public Speaking Skills | _____ Photography                     |
| _____ Officiating/Judging                   | _____ Fund Raising           | _____ Athletic Training Certification |
| _____ Computer Skills                       | _____ Other _____            |                                       |
| _____ Data Entry                            |                              |                                       |

**Please Return to:**  
**Special Olympics North Carolina**  
**P.O. Box 25968**  
**Raleigh, NC 27611-5968**  
**FAX Number: (919) 719-7663**  
**For more information: 1-800-843-6276**  
**Visit our Web site at [www.sonc.net](http://www.sonc.net)**



Special Olympics North Carolina  
*Volunteer Registration Application*

Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_  
 Last First M. Initial  
 Mailing Address \_\_\_\_\_  
 Number Street Apt.  
 City County State Zip  
 Phone (home)(\_\_\_\_) (work)(\_\_\_\_) FAX Number (\_\_\_\_)  
 Email \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer Name/Address: \_\_\_\_\_

Are you a family member of a Special Olympics athlete? Yes \_\_\_ No \_\_\_ If yes, what relation? \_\_\_\_\_  
 Do you know someone with mental retardation who is not involved in Special Olympics? Yes \_\_\_ No \_\_\_  
 In the event of an emergency, contact \_\_\_\_\_ (\_\_\_\_)  
 Name Relationship Phone Number

If you are volunteering as part of a company or group volunteer program specify the group \_\_\_\_\_

Please check your age category and enter DOB: under 18 18-21 22 and over Date of birth: \_\_/\_\_/\_\_

**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 \_\_\_

**\*You may be asked to provide a written explanation for questions answered "yes".**

List your most recent volunteer assignment with Special Olympics and city/state:

List two references: a non-family member and current employer (or a school reference if under 18 years old)

1. \_\_\_\_\_  
 Name relationship address phone  
 2. \_\_\_\_\_  
 Name relationship address phone

**Please read before signing**

I understand the following:

- some of the information that I have provided may be verified, and I give permission to Special Olympics to check my references and to make inquiry of others including without limitation my employer concerning my background and suitability to act as a Special Olympics volunteer;
- 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 my 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 North Carolina, its officers, agents, its directors 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 North Carolina;
- 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 participating as a volunteer with Special Olympics North Carolina;
- I grant permission to Special Olympics North Carolina and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

I affirm that I have read the above and that the information I have given is true and complete

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 Print name \_\_\_\_\_

**Initial One**

Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf \_\_\_\_\_

Volunteer is less than eighteen (18) years of age. The undersigned is the \_\_\_ parent \_\_\_ legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

| Office Use Only         |                        |                         |                      |
|-------------------------|------------------------|-------------------------|----------------------|
| ID Verification # _____ | Driver License # _____ | Social Security # _____ | Other Indicate _____ |
| Interviewer _____       |                        |                         |                      |

**VOLUNTEER REGISTRATION FORM AND POLICY**

The Special Olympics North Carolina Volunteer Registration Policy applies to all Special Olympics volunteers in North Carolina. The objective of the policy is to encourage the involvement of volunteers in all aspects of the Special Olympics program, and institute procedures for screening, training and monitoring volunteers in order to provide a safe and positive program for all athletes and volunteers. The policy defines two classes of volunteers:

**Class I**

Those volunteers who are or may be in casual, limited or regular close contact with athletes such as coaches, officials, coordinators, agency representatives, committee members, chaperons, drivers and overnight hosts, as well as volunteers with fiscal authority.

**Class II**

Those volunteers who are participating in a single-event and/or are one-day volunteers.

All volunteers in North Carolina must register prior to their participation.

Class I volunteers must properly complete a SONC Volunteer Registration Application and provide positive identification (e.g. driver’s license, school ID)

Class II volunteers may register the same day of an event, but prior to their participation, by providing their full name, positive identification, complete current address, current telephone number and name of the group with which they will be volunteering, if applicable.

All volunteers will receive written information describing general responsibilities of a Special Olympics volunteer and policies/guidelines relative to individual personal behavior. Class I volunteers shall also receive additional orientation and training, part of which shall be face-to face.

**SPECIAL OLYMPICS NORTH CAROLINA OFFICES**

(If your Area does not have an active office, you can contact the Headquarters office in Raleigh)

**MOUNTAINS OF OPPORTUNITIES AREA**

Shops of Wall Street  
12 ½ Wall Street, Suite F  
Asheville, NC 28801  
828-236-9753  
888-698-1706 (Toll-free)  
828-236-9715 (FAX)

**PIEDMONT TRIAD AREA**

501 Yanceyville Street  
Greensboro, NC 27405  
336-272-0142  
888-396-9369 (Toll-free)  
336-378-2543 (FAX)

**TRIANGLE AREA**

P.O. Box 25968  
Raleigh, NC 27611-5968  
919-719-7662  
800-843-6276 (Toll-free)  
919-719-7663 (FAX)

**SOUTHERN PIEDMONT AREA**

2400 Park Road, Suite B  
Charlotte, NC 28203  
704-358-1935  
800-358-6276 (Toll-free)  
704-358-3211 (FAX)

**HISTORIC ALBEMARLE AREA**

101 w. 14<sup>TH</sup> Street, Suite 102  
Greenville, NC 27834  
252-758-2354  
800-422-6879 (Toll-free)  
252-758-2355 (FAX)

**CAPE FEAR AREA**

4607 Franklin Avenue, Suite 224  
Wilmington, NC 28403  
910-392-5773  
877-499-6276 (Toll-free)  
910-392-5722 (FAX)

**HEADQUARTERS**

P.O. Box 25968  
Raleigh, NC 27611-5968  
919-719-7662  
800-843-6276 (Toll-free)  
919-719-7663 (FAX)

