

## **Volunteer Certifications and Training Requirements**

The forms and certifications needed for any <u>VOLUNTEER/PARENT/CHAPERONE</u> Person Type Background checks & training certifications are required to be updated **every three (3) years**.

#### □ Background Check

SOWA Identification Good Deed Code: **e45cri8** bit.ly/SOWA-BCGbit.ly/SOWA-BCG



### **Special Olympics Learning Portal Trainings**

☐ Protective Behaviors Training bit.ly/SOWA-PBO



#### **Covid Forms**

The following two (2) forms acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

Covid	Code	of C	iond	Jct
bit.l	v/SOV	VA-C	19Cc	C



and Risk Assessm	pant Code of Condu sent Form	special Olympics
	THIS AGREEMENT OR H	
PARTICIPANT FU	LL NAME:	
Phone:	Email	
Circle one: Athle	te Unified Partner	Coach/Volunteer Family/Caregiver Staf
	NATURE (required for ity to sign documents)	adult (age 18+) participants, including adult
By signing this, I as information in this		completely read and fully understand the
information in this		, , , , , , , , , , , , , , , , , , , ,
information in this Signature: PARENT/GUARDI	form.	Date:ired for porticipant who is a minor (younger the
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# ☐ Covid/Communicable Disease Waiver

bit.ly/SOWA-C19Waiver



	WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMEN FOR COMMUNICABLE DISEASES ("Agreement") for SPECIAL OLYMPICS
in:	consideration of being allowed to participate in any way in Special Olympics sports training, competiti fundraising activities, the undersigned admowledges, appreciates, and agrees that:
1.	Participation includes possible exposure to and filtress from infectious and/or communicable disease including but not invited to MRSA, influenza, and COVID-19. White participate rates and personal dissipline may reduce this risk, the risk of westerns filtress and short home senior, and,
2.	I KNOWINGLY AND FRETLY ASSUME ALL SUCH REKS, both known and unknown, EVEN IF ARISING REGIS THE INFO LIGHT OF THE RELEASES or others, and assume Full responsibility for my participation; and,
3.	halfingly agree to comply with the stated and continuary terms and conditions for participation as regards protection against infections discusse. If, however, I observe and any encount or significant heared during my presence or participation, to all remove myself from participation and bring such to the attention of the reservat of fixed immediately, and,
4.	Use movel and on helical for a heirs, seeings, personal representations and one of kins, IEEE/IN BELEGES AND ONLY LANGES ESS Special Optimization, Secondary Optimization Secondary of the officers, officers, appears, and/or employees, other participants, operating agencies, soulces, soulcess, obvertisens, of amplication, owners in locusts of primaries auditic conduct to work (PIEEL/ARCE), VIII HELICAL ENGLISH, ORDARD LANGES, ORDARD LANGES AND LANGE
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