



***Special Olympics***  
***Ohio***

Dear Potential Volunteer,

Thank you for your interest in our Special Olympic program. We are a year round program with approximately 400 Special Olympians having the option to participate in basketball, bowling, track and field, bocce, softball, and swimming.

Our program's success is due in large part to the conscientious involvement of volunteers. We invite you to join us and to become an important part of improving the quality of life for our athletes.

Please complete the enclosed documents and return to me at your earliest convenience. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryan Stuck', written in a cursive style.

Bryan Stuck  
Stark DD, Special Olympics Coordinator  
330-479-3794

## **Protective Behaviors Training Module**

Special Olympics International has developed a new Online Protective Behaviors training module that must be completed by all new and continuing Class A volunteer, coaches and coordinator. "The Protective Behaviors training material is a critical tool for protecting Special Olympics athletes from sexual, physical, and emotional abuse, "according to Special Olympics International.

To accomplish this online training as quickly as possible, Special Olympics Ohio is asking each accredited local organization coordinator to facilitate this online training for all of their active Class A volunteers within their local.

It takes about ten to fifteen minutes to complete the Protective Behaviors training module. It will ask you to register at the end by state. Through this registration, we will receive verification of your Class A volunteer completion of the training.

If you have any questions or problems locating the website or the training module, please contact your local coordinator.

### **Directions**

1. Go to [www.soooh.org](http://www.soooh.org)
2. Go to the top right corner and click on Resource Center.
3. Click on Protective Behavior Online Training.
4. Follow the instructions and complete the training.
5. If you are able to do so, please print the conformation of your training and forward a hard copy to Bryan Stuck.
6. After your online training has been received, you will be sent a copy of your completed training via email.

*Bryan E. Stuck*  
*Special Olympics Coordinator*  
330.479.3794



## VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

- ☐ Respect and observe at all times the rights of individuals served by the Board of Developmental Disabilities
- ☐ Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff
- ☐ Become familiar with the organization's policies and procedures and upholds its philosophy and standards
- ☐ Donate my services to the organization without contemplation of compensation or future employment
- ☐ Be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality
- ☐ Maintain a well-groomed appearance during my volunteer time.
- ☐ Attend orientation and inservice training, as scheduled
- ☐ Carry out assignments and seek the assistance of the job supervisor when necessary
- ☐ Take any problems, criticism or suggestions to my service area supervisor or to the Volunteer Resources Coordinator
- ☐ Work a specific number of hours on a schedule acceptable to the organization and me
- ☐ Be responsible for maintaining a record of the hours I serve, by signing in and out as directed
- ☐ Notify the site and the Volunteer Resources Coordinator if unable to work as scheduled
- ☐ I understand that the Volunteer Resources Department reserves the right to terminate my volunteer status as a result of
  - (a) failure to comply with organizational policies, rules and regulations;
  - (b) absences without prior notification;
  - (c) unsatisfactory attitude, work or appearance, or
  - (d) any other circumstances which, in judgement of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions and I agree to be bound by them.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Resources  
Dept. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Volunteer Resources Department  
Cc: Volunteer



**Stark County Board of  
Developmental Disabilities**

**CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_ (please print) represent the Stark County Board of  
Developmental Disabilities (SCBDD) in the following capacity:

☐ VOLUNTEER

☐ COMMITTEE MEMBER

☐ OTHER

Explain: \_\_\_\_\_

explain: \_\_\_\_\_

As such, I understand and agree that I must hold in strictest confidence any information, including Protected Health Information (PHI) that I may obtain as a result of my above-described position with the SCBDD from such sources as observations, interactions with clients, staff and other volunteers or committee members. I pledge to at all times preserve the privacy and confidentiality of any acquired knowledge that I may gain of any and all aspects regarding individuals served by SCBDD and/or their families and staff of SCBDD. To that end, I agree to limit my use and disclosure of such information to the minimum amount that is necessary for me to complete my services or needed to perform my duties for the SCBDD.

I agree to adhere to restrictions placed on the use and disclosure of PHI by state and federal laws, in addition to SCBDD Policies. This includes a strict prohibition from copying written information, inappropriately disclosing information in any form supplied to me, and maintaining the safekeeping/security of any information supplied to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Original: Department File  
Cc: Individual Participant

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Stark DD Special Olympics Class A Volunteer Interest form

Please indicate Sport / Sports you have been involved in or are interested in being involved in:

\_\_\_\_\_ Softball

\_\_\_\_\_ Swimming

\_\_\_\_\_ Basketball

\_\_\_\_\_ Bowling

\_\_\_\_\_ Track and Field

\_\_\_\_\_ Bocce

\_\_\_\_\_ Not interested at this time.

Thank you!

Bryan Stuck, Whipple – Dale Centre. Phone: 330.479.3794

# SPECIAL OLYMPICS OHIO ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr.				
	last name	first name	middle name	
Mailing Address:	number	street	apt.	
	city	county	state	zip
Date of Birth:				
Phone (day):		when to call		
Phone (evening):		when to call		
Occupation:				
Employer/School Name:				
	number	street		
	city	county	state	zip
Social Security Number*	Drivers License Number		Other - Indicate	
What is the name of the Local Special Olympics Organization you will volunteer with?				
<b>IMPORTANT NOTE:</b> Your Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate.				

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, assault?	yes _____	no _____
4. Has your driver's license ever been suspended or revoked in any state?	yes _____	no _____
If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.		
List 2 non-family references:		
Name	Relationship	Address & Phone Number

**THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURED AREA**

(Please turn over and complete)

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for approved Class A Volunteer status with Special Olympics Ohio and, if already an approved Class A Volunteer, in considering you for your three year renewal of that Class A Volunteer status, **Special Olympics Ohio** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and **Special Olympics Ohio** to obtain and rely upon consumer reports or investigative consumer reports in considering me for approval of a Class A Volunteer status and, if I already have approved Class A Volunteer status, in considering me for renewal of that Class A Volunteer status every three years. By my signature below, I authorize the **Special Olympics Ohio** to obtain any such reports and to share the information received with any person involved in the Class A Volunteer decision about me.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications.

*(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)*

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Special Olympics.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date