

Montgomery County

Special Olympics

Pennsylvania



“Brought to you by the all-volunteer team at
Special Olympics Montgomery County”

Registration instructions for our **current** volunteers age 17 and under:

Please complete the attached form and mail it to:

Special Olympics Montgomery County, 980 Harvest Drive, Suite 203 Blue
Bell PA 19422

Thanks for being a SOMC volunteer!

Special Olympics Pennsylvania – Montgomery County

980 Harvest Drive, Suite 203, Blue Bell, Pa. 19422 Phone: 215-542-

1140 Fax: 215-542-1144 Email: specialolympicsmontco@verizon.net

www.specialolympicsmontco.org

United Way Designated Donor Number 08930.

Pennsylvania State law requires that this statement be included by non-profit organizations on all fundraising materials. "A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement." Created by The Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics International for the Benefits of Citizens with Mental Retardation.



Special Olympics Pennsylvania

New User Details

User ID

User ID (verify)

Password

Password (verify)

Volunteer Application

Please complete each section below. All required fields are highlighted in red.

First name

Middle name

Last Name

Gender

DOB

Address

City

State

Zip Code

Home/Cell - Primary Phone

Cell phone

Work phone

E-mail

Occupation

Employer/School

If volunteering as a member of a group, what is the name of the group/company/school?

In case of emergency, who should we contact?

Name

Relationship

Home/Cell - Primary Phone

Cell phone

Work phone

What year did you start volunteering for Special Olympics Pennsylvania?

Which local program would you be most interested in volunteering for:

Background

As a volunteer for Special Olympics Pennsylvania, we are required to gather some further background information on you. Any "Yes" responses will require that you directly contact our office before continuing.

Have you ever used illegal drugs?

Have you ever been convicted of a criminal offense in Pennsylvania or any other state?

Have you ever been charged with neglect, abuse, assault or other crimes against a minor?

Has your driver's license ever been suspended or revoked in any state?

If you answered 'yes' to any of the questions above, please provide a brief explanation here.

Please open and review the following SOPA policies. By signing this Volunteer Registration form, you are attesting that you have read, understand and agree to uphold each.

[Click Here for Code of Conduct](https://vsys.specialolympicspa.org/download/JT3BUGS7CX7JO3Z5)

(<https://vsys.specialolympicspa.org/download/JT3BUGS7CX7JO3Z5>)

* (required) I have read, understand and agree to uphold SOPA's Code of Conduct.

[Click Here for the SOPA Housing Policy](https://vsys.specialolympicspa.org/download/ZPUDIOKPKQJ7QPIF)

(<https://vsys.specialolympicspa.org/download/ZPUDIOKPKQJ7QPIF>)

* (required) I have read, understand and agree to uphold SOPA's Housing Policy.

Volunteer Signature

I affirm that I have read, understand and will adhere to the volunteer responsibilities and code of conduct; and that the information I have given is true and complete. If at any time the information provided is found to have been knowingly falsified, I will be disallowed from volunteering for any program accredited by Special Olympics Pennsylvania.

E-Signature for all applicants

Minor Volunteer Parent/Guardian Signature

If under 18 years of age, please complete this application online, print, then submit it by hitting the 'Submit' button at the bottom. Your record will be saved in SOPA's Volunteer system. Please have your parent/legal guardian sign and date the printed application, and return it to your local SOPA program (local program contact information available at www.specialolympicspa.org)

I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold Special Olympics Pennsylvania and/or its volunteers and employees harmless for any negligence resulting in injury, illness or accident that may occur during my charge's participation.

Parent's/Guardian's

Signature: _____ Date: ____/____/____

Opportunities

There are many opportunities to volunteer with SOPA. As a reminder of the opportunities available, you may click here to download and read our [VOLUNTEER ROLES](https://vsys.specialolympicspa.org/download/DT2WW7596EVLAYNU) (<https://vsys.specialolympicspa.org/download/DT2WW7596EVLAYNU>) to help you in determining what volunteer level best suits you. Once determined, please choose opportunities from either Class A or Class B Roles but not both.

Class A Opportunities

Volunteers assuming Class A roles will be required to have background checks completed BEFORE volunteering. If you should select one of these options, after hitting the Submit button below, you will be contacted by your local program to assure you're able to commit to the role and the program has current need. Once confirmed, you will be sent an email from Verified Volunteers who will provide direction to complete your background checks.

Class B Opportunities

Volunteers assuming Class B roles will be directed to SOPA's Event page where you will find several competition, fund raising and other events you may register for directly.

Select One:

Submit