Special Olympics

Sign up tutorial

Click on this link:
https://portals.specialolympics.org/

Special Olympics

Welcome to the Special Olympics Portal

Be a part of something bigger

Discover the joy of sports and inclusion by becoming a Special Olympics athlete, volunteer, or coach.

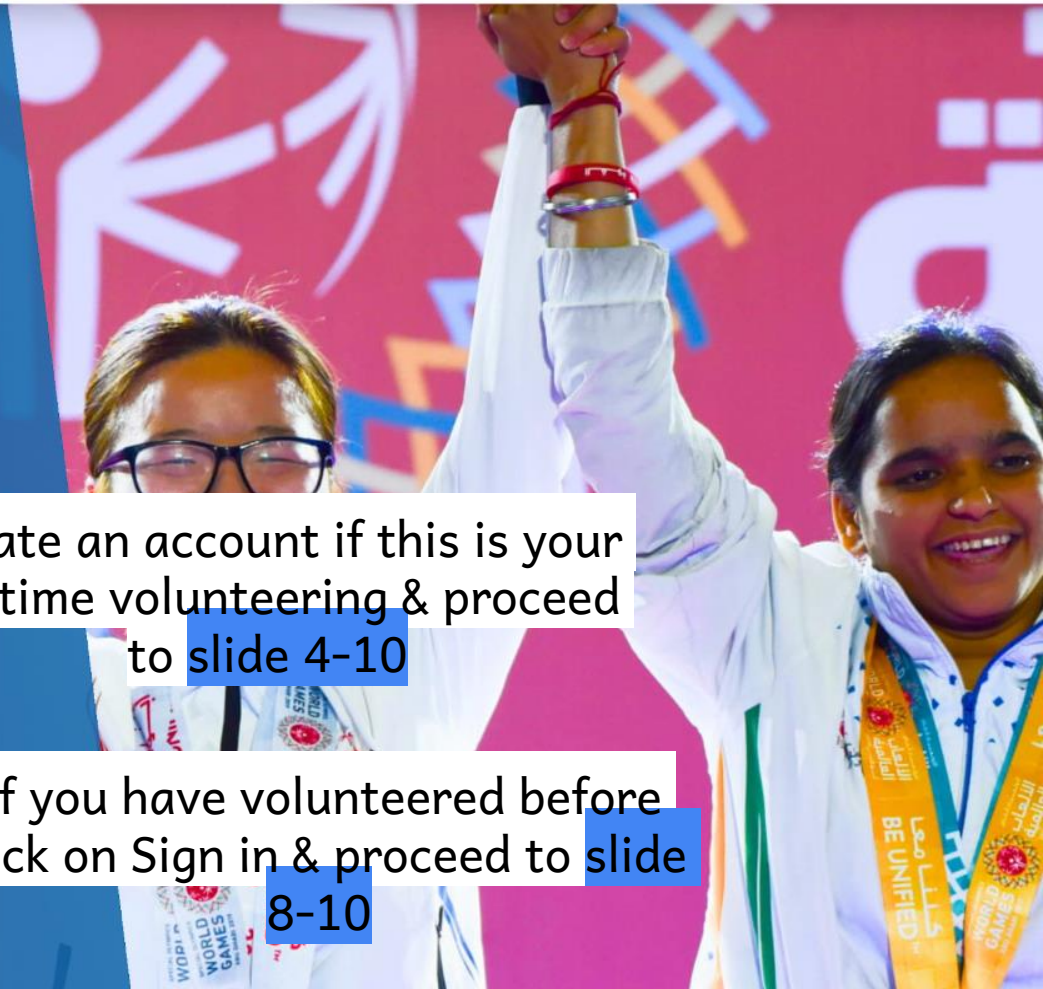
If you do not have a Special Olympics account, start here:

CREATE AN ACCOUNT

Already have an Account?

If you have signed up before, click here to login to your account:

SIGN IN



Create an account if this is your 1st time volunteering & proceed to slide 4-10

If you have volunteered before click on Sign in & proceed to slide 8-10

Cancel

Special Olympics

Create an account

Select your state to see role options

What program do you participate in?

Pennsylvania

What is your role?

Volunteer

Selected role: Volunteer

I want to volunteer as a Coach, Event Volunteer, LETR, or become a Unified Partner.

Continue

Are you a Volunteer?

Volunteer accounts allow you to manage your registration for volunteer roles, events, and complete important qualifications.

Yes, Continue

No, switch role

Special Olympics

Fill out all the required information until 100% progress

Create an account

Please start by verifying your email address.

State : **Pennsylvania**
Role : **Volunteer**
I want to volunteer as a Coach, Event Volunteer, LETR, or become a Unified Partner.

Email Address*

Email Address

Send verification code

New Password

Confirm New Password

First Name

Last Name

Create

Your progress
0%
Registration

We'll start with a few things about you

Please type your information.

Required fields marked with an asterisk (*). Fields with no symbol are optional. Then hit 'Save & Continue'.

First Name *

Middle Name
John, Elizabeth

Last Name *

Suffix
Example: Jr., II

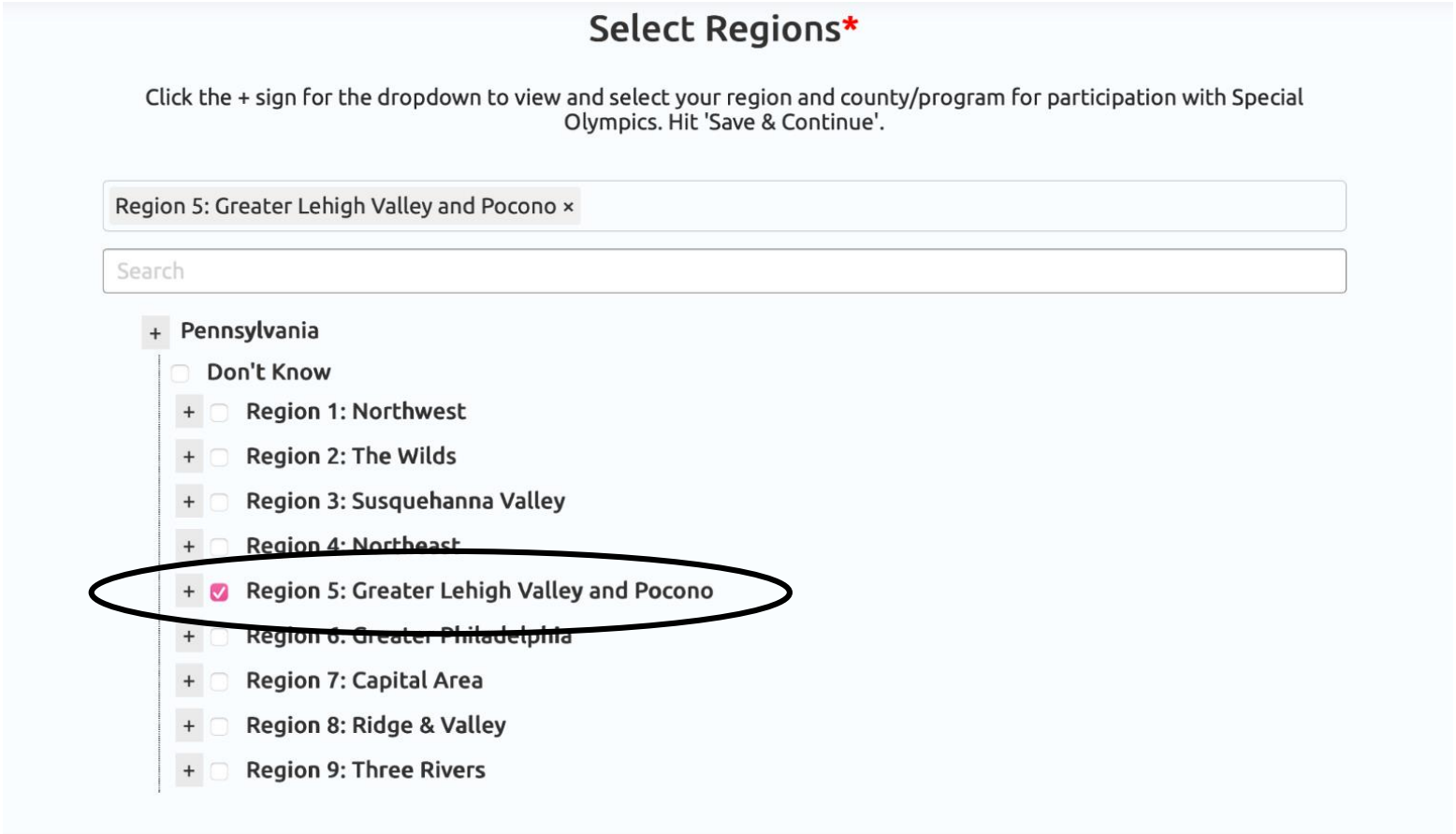
Preferred Name *

Email
[redacted]

Country Code (Primary Phone) *
United States (+1)

Phone *
(XXX)-XXX-XXXX

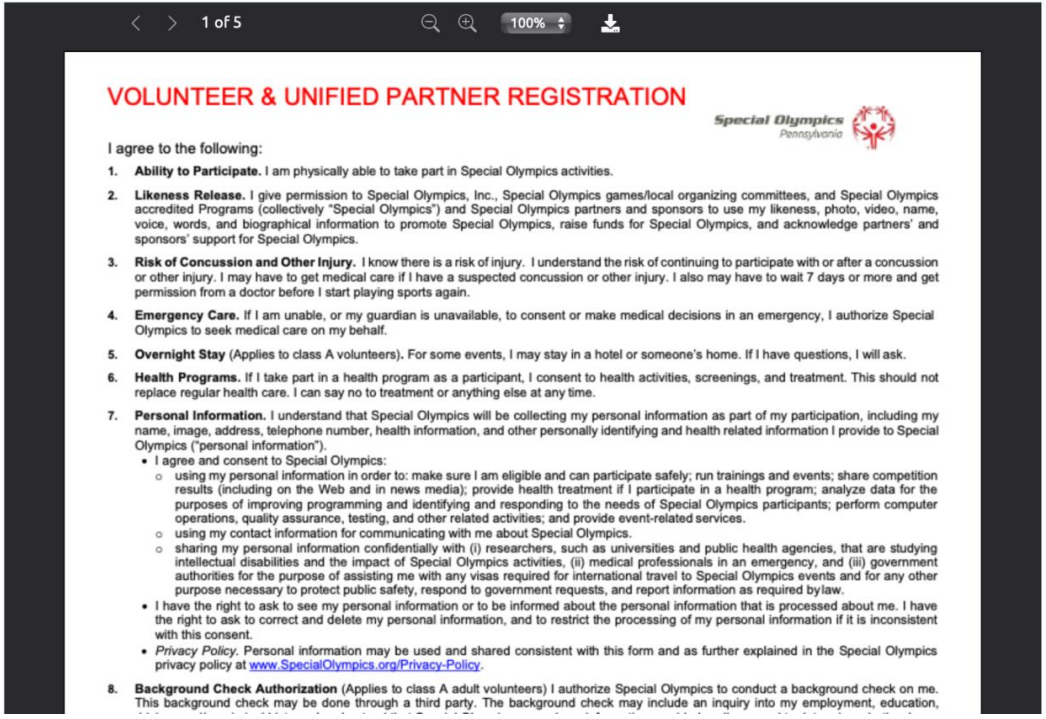
IMPORTANT: Select Greater Lehigh Valley & Pocono Region



MUST fill out Liability Class B Form

Release of Liability Class B Form

Read through the form, mark the checkbox and then click "Save" when you've read the Release of Liability Class B Form.



VOLUNTEER & UNIFIED PARTNER REGISTRATION

Special Olympics Pennsylvania

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
5. **Overnight Stay** (Applies to class A volunteers). For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
   - I agree and consent to Special Olympics:
     - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
     - using my contact information for communicating with me about Special Olympics.
     - sharing my personal information confidentially with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
   - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
   - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.
8. **Background Check Authorization** (Applies to class A adult volunteers) I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education,

Welcome to the Volunteer Zone, [redacted]

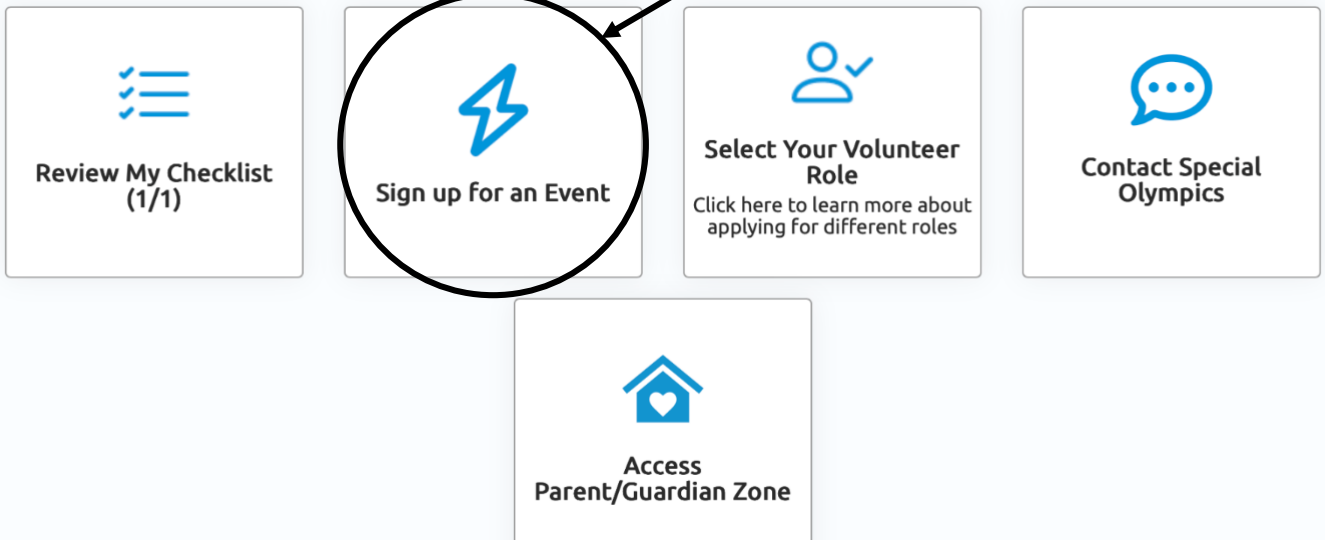
Great, you've successfully created your volunteer account! Before you can sign up for an event, click on Review My Checklist to complete a few forms. Once the forms are approved, you can sign up for an event.

My event jobs

No event jobs. Sign up for an event in the button below.

Click on sign up for an event

I want to



Event Sign Up

Keyword

Search for events by role, type or skills

Type of Event

Show more filters

Search

Sort By:

Select an Option

DeSales University- Eastern Fall Sectional

	Event	Location	Spots	Start Time	End Time
	2025 Eastern Fall Sectionals	DeSales University, Pennsylvania	1029	October 05, 6:00 AM	October 05, 11:59 PM
	Susquehanna Valley LDRW Regional Competition	Danville, PA	58	October 12, 8:00 AM	October 12, 3:00 PM
	Area M Games	-, -	50	April 24, 8:00 AM	April 24, 2:00 PM
	2025 Middle Road Tournament	Glenshaw, Pennsylvania	56	September 21, 8:00 AM	September 21, 3:00 PM
				September 20, 8:00	September 20, 3:00

2025 Eastern Fall Sectionals

2025 Eastern Fall Sectional at DeSales Univeristy

DeSales University, Pennsylvania

Start Date: October 05, 6:00 AM EDT

Spots: 1029

End Date: October 05, 11:59 PM EDT

Keyword:

Search by role, invitation code or skills

Show only roles I'm qualified for (Roles you have completed the required courses and paperwork)
Learn how to apply for more roles

Sort By:

Select an option

Find your position below & SIGN UP

Shift Name:	Role:	Date:	Spots:
Opening Ceremonies Volunteer: 8:30 AM EDT - 10:00 AM EDT	General Volunteer	Oct 05	3 / 50
Olympic Village: 10:30 AM EDT - 3:30 PM EDT	General Volunteer	Oct 05	0 / 50
Awards - General Volunteer - Bocce: 1:30 PM EDT - 4:30 PM EDT	General Volunteer	Oct 05	0 / 10
Awards - General Volunteer - LDRW: 10:00 AM EDT - 1:30 PM EDT	General Volunteer	Oct 05	0 / 10