



Volunteer Application Form - Class A Minor (Under 18) Revised July 2011

(Council Members, Assistant Coaches & Unified Partners)

All information is required. Please type or print clearly.

First Name: _____ Last Name: _____ Preferred Name: _____ Birth Date (mm/dd/yy): ____/____/____ Male: Female: E-mail: _____	Address: _____ City: _____ State: _____ Zip: _____ Local Program (if known) or County of Residence: _____ Cell Phone: (_____) _____ Home Phone: (_____) _____												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Do you use illegal drugs?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 40%; text-align: center;">No</td> </tr> <tr> <td>Have you ever been convicted of any criminal offense?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Have you ever been charged with neglect, abuse, or assault?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Has your driver's license ever been suspended or revoked?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Do you use illegal drugs?	Yes	No	Have you ever been convicted of any criminal offense?	Yes	No	Have you ever been charged with neglect, abuse, or assault?	Yes	No	Has your driver's license ever been suspended or revoked?	Yes	No
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References: Attach two reference letters from non-family adults stating the suitability of this applicant to serve as a Special Olympics Virginia (SOVA) volunteer. One reference letter must be from the student's school or volunteer organization. Or attach SOVA's Class A Minor Reference Form.

We certify that the information provided is true and complete to the best of our knowledge. We have not withheld any information requested by this application. I understand that Special Olympics Virginia (SOVA) may refuse to allow the applicant to volunteer if we provided any incorrect information or omission, and that we must notify SOVA staff within thirty days if the applicant is charged or convicted of a criminal offense.

We understand that the applicant will be using facilities at his/her own risk and we hereby release, discharge, indemnify and hold harmless SOVA from all liability for injury or accident to person or damage to the applicant's property.

We understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOVA or at our option and that SOVA may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

We grant SOVA and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on SOVA and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

In the course of volunteering for SOVA I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

For Unified Partners only: In consideration of participation in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risk of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all risks and all responsibility for losses, costs, and/or damages may incur as a result of my participation. I acknowledge that at any time if I feel conditions are unsafe, I will discontinue participation immediately.

For Unified Partners only: If during my participation in Special Olympics activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

For Unified Partners only: I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, sponsors, advertisers, and, if applicable, any owners and lessors of the premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I may incur as a result of participation in Unified Sports® events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

In signing this application, we have read the foregoing information and we agree to comply with the Volunteer or Coach Code of Conduct and all Special Olympics rules and regulations of the organization.

WE HAVE READ AND UNDERSTAND THIS DISCLOSURE.

Applicant's Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____

THE FOLLOWING MUST BE COMPLETED BY A CURRENT CLASS A ELIGIBLE VOLUNTEER.

I have viewed a photo ID of this applicant (if available) and verified that the picture and the name on the photo ID match the person named on this application. If no photo ID is available I have verified the identity of this applicant to the extent possible.

Name (Please type or print clearly): _____ Area: _____ Local Program: _____

Volunteers ages 16 and up – please visit www.specialolympics.org/protectivebehaviors and complete the required Protective Behaviors Training as part of the Class A Volunteer eligibility process.



Special Olympics
Virginia

Class A Minor References

Please ask two people who know you well to serve as references. Your references must be at least **18 years old** and **cannot be family members or legal guardians**.

Reference #1

By signing below I, confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity.
Name of Volunteer Applicant
2. I am at least 18 years of age and I am not a relative or legal guardian of the applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics Virginia, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics Virginia athletes or others who participate in Special Olympics Virginia.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

Reference #2

By signing below I, confirm the following:

1. I know _____ (“Applicant”) in either a personal or professional capacity.
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