



Special Olympics
Virginia

Minor Class A Volunteer 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: _____ Relationships to Applicant: _____

Organization/Institution: _____

Reference #2

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: _____ Relationships to Applicant: _____

Organization/Institution: _____