

Youth Unified Partner/ Under 18 Youth Volunteer Application

- This form must be completed and an approval letter received before any Youth/Unified Partner participates in a Special Olympics activity.

Part 1 - Ge	neral Informat	ion (please print)				
				CONTACT:		
				Last:		
Registered Ad	dress:		_ City:	, A	Z Zip Code:	
Parent/Guard	lian:			Day Phone:		
E-mail:	Cell Phone:					
Emergency Co	ntact: Phone:					
Part 2 - Sp	ecial Olympics	Release and Waive	r of Liabili	ity		
- In consideration of part in Unified Sports® event conditions in which the e	icipating in Special Olympics Un s. I fully understand the event in	ified Sports®, I represent I understand t volves risks of serious bodily injury whic	the nature of the ever th may be caused by n	nt and I am qualified, in good health ny own actions or inactions, by the a	n, and in proper physical condition to participate actions of others participating in the event, or by knowledge at any time I feel the event conditions	
0 / 1		ies, I should need emergency medical otake whatever measures are necessa		0 ,	or make my own arrangements for treatment ecessary, hospitalization.	
sponsors, advertisers, an costs, or damages I may	d if applicable, any owners and l incur as a result of participation akes a claim against any of the R	essors of premises on which the activity in Unified Sports® events and further a	takes place from all li agree if despite this "l	ability, any loses, claims (other than Release and Waiver of Liability, Assu	es, and other Unified Sports® participants, and a that of the medical accident benefit), demands, umption of Risk, and Indemnity Agreement", I or isses, attorney fees, loss, liability, damage or cost	
-I have read and agree to of Conduct Compliance		nich refers to the volunteer position I am	n applying for (ex: Co	aches Code of Conduct, Volunteer (Code of Conduct, Unified Code of Conduct,Code	
- I, the Parent/Guardian	of this youth volunteer, hereby g	ive my permission for this youth volunte	eer to participate in S	pecial Olympics games, training, rec	creation programs and physical activity program.	
By Signing, I agree to the	provisions of this release.	Guardian Signature	Print N	,		
Part 3 - Re				<u> </u>	Dute	
Part 3 - No		n Letters/References		a must be provided by an i	adicidual who ice	
			t related to you			
By signing, I confirm	the following: I know		(Name of Applicant) in either	a personal or professional capacity.	
I am at least 18 year	ars of age and am not a l	egal guardian or relative of the		· ·	applicant should not be permitted to	
	of Special Olympics. I do r others who participate ir	•	hich would cause	me to believe the applicant	t would pose any undue risk to Special	
Reference #1:		•				
MC10101100 1	Print Name			Phone		
	Relationship to Applicant			E-mail Address		
	Signature			Date		
Reference #2:						
Print Name				Phone		
	Relationship to Applicant			E-mail Address		
	Signature			Date		
AD/HOD Placem • By signing, I affir	ent & Photo ID verificate	tion ation appears to be genuine and	For Office	e Use Only-		
I have verified the information with a current photo ID. I confirm that this volunteer has been placed within the correct delegation prior to the back ground check process.				O Approved - No Restricted	tions from financial duties of SOAZ	
X	ocess.			O Disapproved	Trom maneral daties of 50/12	
Signature		Date	SOAZ Sta	ff:	Date:	