

Local Program Name: _____



Youth Local Program Volunteer Application and/or Youth Unified Partner



- Youth Local Program Volunteers must complete the following:
 - Submission of this form (Section A)
 - Protective Behaviors Training (available online at www.sonh.org)
- This form must be completed prior to participation by all persons 8 to 17 years of age who wish to serve as a Youth Local Program Volunteer or a Youth Unified Partner for SONH.
- Youth Local Program Volunteers and Youth Unified Partners must have this form signed by a parent or guardian.
- Youth Local Program Volunteers and Youth Unified Partners must submit two personal/professional references who are not related to the youth or the youth's legal guardian, one of whom is from the Youth Local Program Volunteer's school, church or civic group.

I am applying for: Youth Local Program Volunteer (Section A) Youth Unified Partner (Please complete Section A & B)

Name

Phone

Home Address

Home Email

City State Zip

School Email

DOB

Are you a student?
 Yes No

Send SONH communications: by home mail by home email by school email

Special Olympics Local Program Affiliation: _____

Please Answer the Following Questions:

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been charged with neglect, abuse or assault? Yes No
- Has your Drivers License been suspended or revoked in the past 3 years? Yes No

Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics New Hampshire permission to use my likeness, voice, and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics New Hampshire and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by either the volunteer or Special Olympics New Hampshire.
- I will notify Special Olympics New Hampshire of any change to the information I have provided on this Application within 90 days of its occurrence.

Reverse Side Must be Completed

Section A

Youth Volunteer References Form

By signing below, I confirm the following:

- I know the applicant in either a personal or professional capacity
- I am at least 18 years of age and am not a legal guardian or relative of the applicant.
- I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics New Hampshire.
- I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

First Reference Signature Date: ___/___/___

Second Reference Signature Date: ___/___/___

Signature for Youth Volunteer Date: ___/___/___

Signature of Parent/Guardian Date: ___/___/___

Section B Special Olympics Release and Waiver of Liability to be a Unified Partner (complete this section only if you want to become a Youth Unified Partner)

In consideration of participating in Special Olympics as a Unified Partner, I represent that I understand the nature of the program and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate as a Unified Partner at events. I fully understand the program involves risks 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 the conditions in which events takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that, if at any, time I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I need emergency medical treatment and (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (my minor child's) health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Partner participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of medical accident benefits), demands, costs or damages that I (and/or my minor child) may incur as a result of participation as a Unified Partner at 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 Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I affirm that I have read both pages of this Application and understand its meaning. I also affirm the information I have given is true and complete. I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Unified Partner Date: ___/___/___

Signature of Parent/Guardian (If Unified Partners is under 18) Date: ___/___/___

