Special Olympics
Missouri

Class A Minor Volunteer Information/Application Confidential

Board Approved August 6, 2005

Please type or print

Office Use Only:

Agency: _____

Role_____

Staff Initials_____

Name: _____
Last First Middle Initial Suffixes

SSN: _____-_____-_____ DOB: _____ Gender: _____

Permanent Address: _____
Street City State Zip Country

Phone: ( ) _____ Fax: _____ E-mail: _____

❑ Check here to join our eFan community and receive relevant communciation through email. This keeps you informed and saves SOMO postage and printing costs.

PLEASE READ BEFORE SIGNING

- I grant Special Olympics Missouri permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Missouri.
- In the course of volunteering for Special Olympics, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Special Olympics.
- I understand that it is my responsibility to notify Special Olympics Missouri of any change of information provided in this application during the time I serve as a Special Olympics volunteer.
- I affirm that I have read and understand the above and that the information I have given is true and complete.

Signature: _____ Date:_____

TWO (2) REFERENCES (reference to exclude relative or legal guardian)

#1 - By signing below, I confirm the following:

I know _____ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Special Olympics Missouri, and
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Special Olympics Missouri athlete or others who participate in Special Olympics Missouri.

Signed: _____ Printed Name: _____
Date: _____ Day Phone Number: _____

#2 - By signing below, I confirm the following:

I know _____ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Special Olympics Missouri, and
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Special Olympics Missouri athlete or others who participate in Special Olympics Missouri.

Signed: _____ Printed Name: _____
Date: _____ Day Phone Number: _____

The above information is strictly confidential and will be used ONLY for Special Olympics sanctioned events.

Signature of Parent or Guardian: _____ Update 8/23/07