



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:

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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: