

UNIFIED SPORTS® PARTNER APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

VOLUNTEER INFORMATION/ APPLICATION

- | | | |
|--|------------|-----------|
| 1. Do you use illegal drugs? | <u>Yes</u> | <u>No</u> |
| 2. Have you ever been convicted of a criminal offense? | <u>Yes</u> | <u>No</u> |
| 3. Have you ever been charged with neglect, abuse or assault? | <u>Yes</u> | <u>No</u> |
| 4. Has your driver's license ever been suspended or revoked in any state? | <u>Yes</u> | <u>No</u> |
| 5. Have you been convicted of reckless driving or of a D.U.I. in the past 7 years? | <u>Yes</u> | <u>No</u> |

If applicant is under 18, list 2 NON-FAMILY references:

Name	Relationship	Address or Phone Number
1. _____		
2. _____		

PLEASE READ BEFORE SIGNING

- I understand that: the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- in the course or volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information to the strictest confidence;
- the relationship between Special Olympics 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
- I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

Signature of Unified Sports® Partner Date

Signature of Parent or Guardian if Unified Sports® Partner is a Minor Date

If applicant is 18+, please also complete and submit the WAIVER form for a background check.