

LOCAL PROGRAM VOLUNTEER AND UNIFIED PARTNER APPLICATION



Local Program Name: _____ New Renewal

This application must be completed and signed prior to participation by all persons 8 years and older who wish to serve as a Local Program Volunteer and/or a Unified Partner for Special Olympics New Hampshire.

Section A: Personal Information (Required of ALL Applicants)

Name _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Street Address _____	Date of Birth _____
Home City, State & Zip _____	Employer/School Name _____
Home Phone _____ Cell Phone _____	Work Phone _____
Home Email _____	Work Email _____
Primary Email for Communications: <input type="checkbox"/> Home <input type="checkbox"/> Work	T-Shirt Size: <input type="checkbox"/> Youth _____ <input type="checkbox"/> Adult _____

Please answer the following questions:

- | | | |
|----------------------------------------------------------------------------|------------------------------|-----------------------------|
| • Do you use illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been convicted of a criminal offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Have you ever been charged with neglect, abuse or assault? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Has your Driver's License been suspended or revoked in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section B: Parent/Guardian Information (Required of Applicants less than 18 years of age)

Emergency Contact Name _____	Emergency Contact Phone _____
Name _____	Relationship to Applicant _____
Home Street Address _____	Home City, State & Zip _____
Home Phone _____ Cell Phone _____	Work Phone _____
Home Email _____	Work Email _____

Section C: Additional Items to Complete (Required of Applicants 18 years and older)

- My photo-ID was checked by my local program coordinator.
- I completed the protective behaviors training (https://resources.specialolympics.org/protective_behaviors_training.aspx)
- I completed my background check
 - If you answered NO to all four questions listed in section A use this link: <https://app.verifiedvolunteers.com/Candidates/Account/Register>
 - If you answered YES to ANY of the questions in section A use this link: <https://app.verifiedvolunteers.com/Candidates/Account/Register>

Section D: References (Required of ALL Applicants)

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 this Applicant should not be permitted to volunteer on behalf of Special Olympics New Hampshire.

Reference 1

Name _____

Association to Volunteer _____

Phone Number _____

Signature _____

Reference 2

Name _____

Association to Volunteer _____

Phone Number _____

Signature _____

Section E: Special Olympics Release and Waiver of Liability (Required of ALL Applicants)

I, as an adult age 18 or older (or as the parent/guardian of a minor volunteer or Unified Sports® applicant), understand and agree that:

- 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 Sports® participants, and sponsors, advertisers, and if applicable, any owners and leasers of premises on which the activity takes place (“Releasees”) from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation as a volunteer and/or in Unified Sports® events and further agree that if, despite this RELEASE AND WAIVER OF LIABILITY agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.
- In consideration of participating in Special Olympics Unified Sports®, if applicable, 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 (and/or my minor child’s) 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 while participating in Special Olympics New Hampshire (“SONH”) activities I (and/or my minor child) need emergency medical treatment and I am not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize SONH to take whatever measures are necessary to protect my (and/or my minor child’s) health and well-being, including, if necessary, hospitalization.
- In the course of volunteering for SONH, I may deal with personal information and I agree to keep said information in the strictest confidence.
- SONH has my permission to use my (and/or my minor child’s) likeness, voice, and words in television, radio, film, websites, social media or any form to promote activities of Special Olympics.
- The relationship between SONH and volunteers is an “at will” arrangement and that it may be terminated at any time, without cause, by either the volunteer or SONH.
- I am responsible for notifying SONH within 90 days of any changes to the information I have provided on this Application.
- It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
- I (and/or my minor child) will not be considered to be an employee of SONH, for any purposes other than tort claims and injury compensation, while performing voluntary services.

I would like to participate as partner in Unified Sports® with Special Olympics New Hampshire.

I affirm that I have read all pages of this Application and understand its meaning and that the information I have given is true and complete. I agree to comply with the Volunteer Code of Conduct and Special Olympics rules and regulations. I have read this RELEASE AND WAIVER OF LIABILITY agreement and fully understand it.

Applicant Signature _____ Date _____

Signature of Parent/Guardian (for minor) _____ Date _____