



Student/Minor Volunteer References

In accordance with the Special Olympics, Inc. Volunteer Screening Policy, student volunteers or applicants who are 17 years of age and younger are required to provide 2 non-family references (one of whom is from the applicant's school, church, civic group, etc.). Please provide this completed reference form when submitting your Volunteer Application.

Name of Student Applicant: _____

Please Print Your Complete Full Name (Full First, Full Middle and Full Last Name)

Please provide two personal/professional **non-family** references using this form. Each reference must be provided by an individual who is: ***not your legal guardian *not related to you, *and at least 18 years old.**

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

1. I know _____ ("Applicant") in either a personal or professional capacity;
Name of Volunteer Applicant _____
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer with Special Olympics Maryland, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes and volunteers.

Signed: _____ Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Relationship to applicant: _____ Date: _____

School/Organization Name: _____

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

1. I know _____ ("Applicant") in either a personal or professional capacity;
Name of Volunteer Applicant _____
2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
3. I am not aware of any reason that Applicant should not be permitted to volunteer with Special Olympics Maryland, and
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes and volunteers.

Signed: _____ Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Relationship to applicant: _____ Date: _____

School/Organization Name: _____

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Created by the Joseph P. Kennedy, Jr. Foundation Authorized and Accredited by Special Olympics, Inc. for the Benefit of Persons with Intellectual Disabilities

