

# LOCAL PROGRAM VOLUNTEER AND UNIFIED PARTNER APPLICATION



Local Program Name: \_\_\_\_\_  New  Renewal  Update

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.

Minor applicants (less than 18 years of age):

- Must provide the name and contact information of a Parent/Guardian
- Must have this application signed by a Parent/Guardian

Adult applicants (18 years of age and older):

- Must provide a social security number and sign the Authorization and Release for a criminal background check, where your name will be run against the National Sex Offender Registry
- Must also complete Protective Behaviors Training (available online at [www.sonh.org](http://www.sonh.org))

## 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 _____
Emergency Contact Name _____	Emergency Contact Phone _____

**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)

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

## Section C: Adult ID Verification (Required of Applicants 18 years and older)

**NOTE: A photo-ID check is required and can be done by either an SONH Staff member or your local program coordinator.**

Social Security Number* _____	Driver's License ID _____	State _____
Maiden Name/Alias (if applicable) _____	Previous Address (if applicable) _____	

*\*Your Social Security Number (SSN) IS REQUIRED and will be used for NO other purpose other than to conduct an accurate background search. Your SSN will not be stored or maintained in any database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background check. This application, with your SSN, will be secured and used again in 3 years when it is time to renew your LPV status.*

## 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 \_\_\_\_\_

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## Section E: Authorization For Criminal & Other Background Check (Required of Applicants 18 years and older)

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics New Hampshire ("SONH"), Lexis Nexis Screening Solutions, their agents, assigns or any other authorized third parties (collectively, "the Investigators") and/or the New Hampshire Department of Safety- Division of the State Police may perform, request, obtain or conduct a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

I understand that SONH may rely on any part or all of this Information in determining whether or not to approve this application. I further understand that if any adverse action is taken by SONH or if SONH chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I have read this AUTHORIZATION FOR CRIMINAL AND OTHER BACKGROUND CHECK and by signing below, hereby authorize investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization required by New Hampshire Rule Saf-C 5703.11, and I hereby authorize Intellicorp and/or Securint to receive my criminal record(s).

I understand that the background check as described above will be conducted around the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult Local Program Volunteer status, in which case I will notify SONH.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section F: 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 lessors 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 \_\_\_\_\_