

LOCAL PROGRAM VOLUNTEER & UNIFIED PARTNER REFERENCE



VOLUNTEER/UNIFIED PARTNER		
First Name:		
Last Name:		
REFERENCE		
First Name:		
Last Name:		
Association to Volunteer:		
Home Address:		
City:	State:	Zip:
Phone Number:		

By signing below, I confirm the following:

- I know the applicant in either a personal or professional capacity and I am a non-family member.
- I am at least 18 years of age and I 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 SIGNATURE
Signature: