



Young Athletes Program- Youth Volunteer Application

- Youth Local Program Volunteers must complete the following:
 - Submission of this form
 - Protective Behaviors Training (Ages 16-17) (available online at www.specialolympics.org/protective_behaviors.aspx)
- This form must be completed prior to participation by all persons 8 to 17 years of age who wish to serve as a Youth Local Program Volunteer or a Unified Partner for SOVT.
- Youth Local Program Volunteers and Youth Unified Partners must have this form signed by a parent or guardian.
- Youth Local Program Volunteers and Youth Unified Partners must submit two personal/professional references who are not related to the youth or the youth's legal guardian, one of whom is from the Youth Local Program Volunteer's school, church or civic group.

Section A

Demographics

Applicant

Name _____

Male Female

Home Address _____

Date of Birth _____

T-Shirt Size (XS – 5XL): Select youth or adult and write in size.

Home Email _____

Youth _____ Adult _____

Home Phone _____

Cell Phone _____

Local Program Name _____

Parent/Guardian

Name _____

Relationship to applicant _____

Home Address (if different than applicant) _____

Work Phone _____

Home Phone _____

Home Email _____

Cell Phone _____

Work Address _____

Work Email _____

Section B

Please answer the following questions:

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been charged with neglect, abuse or assault? Yes No
- Has your Drivers License been suspended or revoked in the past 3 years? Yes No

Please read the following:

- In the course of volunteering for Special Olympics, I may become aware of personal information, and I agree to keep said information in the strictest confidence.
- I grant Special Olympics Vermont permission to use my likeness, voice, and words in television, radio, film, websites, social media or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics Vermont 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 Vermont.
- I will notify Special Olympics Vermont of any change to the information I have provided on this Application within 90 days of its occurrence.
- 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.
- Volunteer agrees that he/she will not be considered to be an employee of SOVT, for any purposes other than tort claims and injury compensation, while performing voluntary services.



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Section C

Youth Volunteer References Form

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 Applicant should not be permitted to volunteer on behalf of Special Olympics Vermont.
- I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics

Reference 1

Name _____ Phone Number _____

Association to Volunteer _____ Signature _____

Reference 2

Name _____ Phone Number _____

Association to Volunteer _____ Signature _____

Section D

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of medical accident benefits), demands, costs or damages that I (and/or my minor child) may incur as a result of participation at events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I affirm that I have read all pages of this Application and understand its meaning. I also affirm the information I have given is true and complete. I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Youth Volunteer _____ Date _____

Signature of Parent/Guardian _____ Date _____