



Special Olympics
Arizona

Youth Unified Partner/ Youth Volunteer Application

- This form must be completed and an approval letter received before any Youth/Unified Partner participates in a Special Olympics activity.

Part 1 - General Information (please print)

Full Legal Name

First: _____ Middle: _____ Last: _____

Registered Address: _____ City: _____, AZ Zip Code: _____

Gender: Female Male DOB: ___/___/___ Age: _____ Day Phone: (____) _____

Local Program: _____ Area: _____

Parent/Guardian: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Part 2 - Special Olympics Release and Waiver of Liability

- In consideration of participating in Special Olympics Unified Sports®, I represent I understand the nature of the event and I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I participation. I acknowledge at any time I feel the event conditions are unsafe, I will discontinue participation immediately.

- If during my participation in Special Olympics activities, I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

- I 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 from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages I may incur as a result of participation in Unified Sports® events and further agree 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 have read and agree to the correct code of conduct which refers to the volunteer position I am applying for (ex: Coaches Code of Conduct, Volunteer Code of Conduct, Unified Code of Conduct etc.).

- I, the Parent/Guardian of this youth volunteer, hereby give my permission for this youth volunteer to participate in Special Olympics games, training, recreation programs and physical activity program. By signing, I agree to the provisions of this release.

X

Guardian Signature

Print Name

Date

Part 3 - References

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:

- 1) Not your legal guardian 2) Not related to you 3) At least 18 years old

By signing, I confirm the following: I know _____ (Name of 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 the applicant should not be permitted to volunteer on behalf of Special Olympics. I do not possess any information which 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: _____ (____) _____

Print Name

Phone

Relationship to Applicant

Organization/Institute

Signature

Date

Reference #2: _____ (____) _____

Print Name

Phone

Relationship to Applicant

Organization/Institute

Signature

Date

For Authorized Personnel Only - Photo ID verification/Reference Check

- By signing, I affirm all of Part 1- general information appears to be genuine and I have verified the information with a current photo ID.

X

Signature

Date

For Office Use Only- References have been called & verified.

- Approved - No Restrictions
- Approved - Restricted from financial duties of SOAZ
- Disapproved

SOAZ Staff: _____ Date: _____

**Any questions regarding the completion of this form, please call 1-800-289-4946. Upon completion, mail to:
Special Olympics Arizona, Volunteer Coordinator, 2100 S. 75th Ave - Phoenix, Arizona 85043.**