

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 **<u>non-family</u>** references using this form. Each reference must be provided by an individual who is: <u>\*not your legal guardian \*not related to you</u>, <u>\*and at least 18 years old</u>.

Reference #1 - By signing below, I confirm the for 1. I know Name of Volunteer Applicant 2. I am at least 18 years of age and am not a legal 3. I am not aware of any reason that Applicant show Maryland, and 4. I do not possess any information that would cause Special Olympics athletes and volunteers.	_ ("Applicant") in either a per guardian or relative of Applic uld not be permitted to volun	ant; teer with Special Olympics	
Signed:			
Home Address:	State: Date:		
<b>Reference #2 -</b> By signing below, I confirm the following: 1. I know ("Applicant") in either a personal or professional capacity;			
Name of Volunteer Applicant	_ ( Applicant ) in enner a per	sonal of professional capacity,	
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			
<ol> <li>I do not possess any information that would caus Special Olympics athletes and volunteers.</li> </ol>	se me to believe Applicant WC	Duid pose any undue risk to	

Signed:	Printed Name:	
Home Address:		
	State:	Zip Code:
Daytime Phone Number:		
Relationship to applicant:	Date:	
School/Organization Name:		
ů.		

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