



Student/Minor Volunteer References

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

Reference #1 - By signing below, I confirm the following:

1. I know _____ ("Applicant") in either a personal or professional capacity;
Name of Volunteer Applicant _____
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
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes and volunteers.

Signed: _____ Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Relationship to applicant: _____ Date: _____

School/Organization Name: _____

Reference #2 - By signing below, I confirm the following:

1. I know _____ ("Applicant") in either a personal or professional capacity;
Name of Volunteer Applicant _____
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
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes and volunteers.

Signed: _____ Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Relationship to applicant: _____ Date: _____

School/Organization Name: _____

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Created by the Joseph P. Kennedy, Jr. Foundation Authorized and Accredited by Special Olympics, Inc. for the Benefit of Persons with Intellectual Disabilities

Please mail completed forms within 10 days of the orientation to:

Volunteer Management Coordinator

c/o SOMD

3701 Commerce Drive, Suite 103

Baltimore, MD 21227

