



## 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 form within 10 days of the orientation to:**

**Special Olympics Howard County  
8970 Route 108, Suite A-1  
Columbia, MD 21045**

