

# MINOR Coaches/Unified Partner/"A" Volunteer Application

This is an "A" Volunteer application specific to individuals under the age of 18 wanting to become a coach, unified partner or volunteer helper. **It must be completed** prior to participation by all who wish to be associated with S.O.N.M..

F-Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ L-Name: \_\_\_\_\_

Positions Associated with SONM Sport(s) (Check all for which you are applying):

Coach (or Assistant)     Unified Partner     Volunteer (Chaperone, Driver, Etc.)

SONM Association:     AREA 1     AREA 2     AREA 3     AREA 4     AREA 5     AREA 6

Delegation or Team Associated with: \_\_\_\_\_

<p><b>HOME</b> Address: _____  City: _____  State: _____ Zip: _____  Phone: _____  Cell: _____  Email: _____  <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>WORK</b> Business: _____  Address: _____  City: _____  State: _____ Zip: _____  Phone: _____  Email: _____    <b>Date of Birth:</b>        /        /</p>
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**YOUTH:**  
What school are you currently attending? \_\_\_\_\_

**Please Answer the Following Questions:**

- 1) Do you use illegal drugs?  Yes     No
- 2) Have you ever been convicted of a criminal offense?  Yes     No
- 3) Have you ever been charged with neglect, abuse or assault?  Yes     No
- 4) Has your Drivers License ever been suspended or revoked in any state or other jurisdiction?  Yes     No
- 5) Is there any other fact or criminal circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of people with disabilities or handling of money?  Yes     No

If you answered **YES** to any of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_

Date Background Checked: \_\_\_\_\_

- 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 New Mexico permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.
- I understand that the relationship between Special Olympics New Mexico 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 New Mexico.
- **Youth Applicants must have this form signed by a parent or guardian.**
- **Youth Applicants must submit two(2) signed Minor Reference Forms (attached).**
- **I affirm that I have read both pages of this Application and understand its meaning. I also affirm the information I have given is true and complete.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Minor References

***By signing below, I confirm the following:***

1. I know \_\_\_\_\_ *Name of Applicant* (“Applicant”) in either a personal or 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 on behalf of Special Olympics New Mexico.
4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

### ***Reference #1***

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Reference #2***

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Note – A minor “background check” will expire upon their 18<sup>th</sup> birthday. At that time another background check must be submitted to continue volunteering with SONM. SONM reserves the right to contact a minors references throughout their volunteer time and may choose to ask the minor to no longer volunteer based on this information.