

Local Program Name: _____



Adult Local Program Volunteer Application and/or Adult Unified Partner

This form, which includes an Authorization and Release for a criminal background check, where your name will be run against the National Sex Offender Register by all persons 18 years or older who wish to serve as a Local Program Volunteer or a Unified Partner for Special Olympics New Hampshire. To become an Adult Local Program Volunteer you must complete the following:

- Submission of this form
- Protective Behaviors Training (available online at www.sonh.org)

I am applying for: **Adult Local Program Volunteer** **Adult Unified Partner**
(Please complete Section A) (Please complete Section A & B)

Name

Work Address

Home Address

City State Zip

City State Zip

Work Phone

Home Phone

Work Email

Home Email

Employer

Send SONH communications: by home mail by home email by work mail by work email

Please Answer the Following Questions:

- Do you use illegal drugs? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been charged with neglect, abuse or assault? Yes No
- Has your Drivers License been suspended or revoked in the past 3 years? Yes No

Please read the following:

- 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 Hampshire 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 Hampshire 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 Hampshire.
- I will notify Special Olympics New Hampshire of any change to the information I have provided on this Application within 90 days of its occurrence.

Section A AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics New Hampshire ("SONH"), Intellicorp and/or Securint, their agents, assigns or any other authorized third parties (collectively, "the Investigators") and/or the New Hampshire Department of Safety- Division of the State Police may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

I understand that SONH may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SONH or if SONH

Reverse side must be completed

chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I have read this ADULT LOCAL PROGRAM VOLUNTER APPLICATION and/or ADULT UNIFIED SPORTS PARTNER AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization required by New Hampshire Rule Saf-C 5703.11, and I hereby authorize Intellicorp and/or Securint to receive my criminal record(s).

I understand that the background check as described above will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult Local Program Volunteer and/or Adult Unified Sports Partner status, in which case I will notify Special Olympics New Hampshire.

What was the most recent address prior to your current address?

Printed Name

Maiden Name or Alias (if applicable)

Signature

DOB: ___/___/___

Social Security Number*

**Furnishing your Social Security Number is NOT optional. It shall be used for NO other Purpose other than to make the process of conducting a background search more accurate. Your Social Security Number will not be stored or maintained in any database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background check. This application, with your Social Security Number will be stored in a secure filing cabinet and will be used again in three years when it is time to renew your LPV status.*

Section B (Complete this section only if you want to become a Unified Partner)

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY TO BE A UNIFIED PARTNER

In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the program and that 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 may incur as a result of my participation. I acknowledge that, if at any time, I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that 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 that I may incur as a result of participation in Unified Sports events and further agree that 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 this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

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 to be Unified Partner: _____

Date: ___/___/___