

Reference Number One Information

Reference Number Two Information

Reference Number One Signature _____ Date _____

Reference Number Two Signature _____ Date _____

Reference Number One Printed Name _____

Reference Number Two Printed Name _____

Relationship to Applicant (how you know applicant) _____

Relationship to Applicant (how you know applicant) _____

Organization/Institution Name and Phone Number _____

Organization/Institution Name and Phone Number _____

Photo identification verification:

I have attached a photocopy of my photo ID (State driver’s license or state issued ID, passport, student ID, military ID),
OR I have had an Agency Manager or SOWI staff verify my identity (Agency Manager or SOWI staff must sign below):

Agency Manager or SOWI Staff Signature Date

Agency Manager or SOWI Staff Printed Name

All five questions below must be answered truthfully or you will automatically be disqualified:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you use illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been charged with neglect, abuse, assault, sexual assault or crimes involving violence or threat of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver’s license ever been suspended or revoked in any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been convicted of, or plead guilty to, three or more moving violations within the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE READ CAREFULLY BEFORE SIGNING—I understand that:

- the information I have provided may be verified, and I give permission to Special Olympics to conduct a check of criminal and/or driver’s license records, and to make inquiry of others concerning my suitability to act as a Special Olympics Unified Sports® Partner;
- I release SOWI from any and all liability which may be incurred as a result of the volunteer screening process;
- in the course of participating for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and Unified Sports® Partners is an “at will” arrangement, and that it may be terminated at any time without cause by either the Unified Sports® Partner or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics;
- I, the Unified Sports® Partner, agree to be held accountable for the standards outlined in the Athlete and Volunteer Codes of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Unified Sports® Partner* Date

Signature of Parent/Guardian* Date

*If Unified Sports® Partner is under the age of 18, signature of both Unified Sports® Partner AND Parent/Guardian are required.

Special Olympics Wisconsin is an equal opportunity volunteer organization and will not discriminate on the basis of race, color, religion, gender or national origin. Information regarding race and gender is requested solely for the purpose of conducting driver’s license and criminal records checks. Strict confidentiality is maintained with all information given.

RETURN COMPLETED FORM TO:

Special Olympics Wisconsin
2310 Crossroads Dr.
Ste. 1000
Madison, WI 53718
(608) 222-1324

FOR OFFICE USE ONLY	
<input type="radio"/> Approved	
<input type="radio"/> No Restrictions	
<input type="radio"/> Restriction 1 – No driving on behalf of SOWI.	
<input type="radio"/> Restriction 2 – No financial duties for SOWI.	
<input type="radio"/> Restriction 3 – No contact with SOWI athletes.	
<input type="radio"/> Restriction 4 – No chaperoning duties.	
<input type="radio"/> Disapproved	
Date: _____	Initials: _____