

Special Olympics Texas Class A Minor Volunteer Reference Form



Any minor applying to be a Class A volunteer is required to submit this form in addition to the required Class A Volunteer Application (pages C-15 to C-16). This form serves as the replacement for the criminal background check that adult applicants must pass to be a Class A Volunteer; it is NOT a replacement for the Class A Volunteer Application.

SECTION A – MINOR VOLUNTEER INFORMATION

Minor Name:	
Minor Address:	Minor DOB: ____/____/____

In consideration of participating with Special Olympics Texas, I affirm that both references below are:

- True and complete
- Are from personal or professional relationships (one of which is from the applicant's school, if applicable)
- Do not include family members

Signature of Minor Volunteer Date _____

Signature of Parent or Guardian Date _____

PERSONAL/PROFESSIONAL REFERENCE #1

References must be age 18 and over and may not be family members. (Example: individuals from school, church, civic/service organization.)

COMPLETE ALL BOXES	Name:	Relationship to Minor:
	Origin of Relationship (e.g. church, school, work, etc.):	
	Email Address:	
	Day Phone: ()	Night Phone: ()
	1: How long have you known the minor? _____ Years _____ Months	
	2: Do you know of any reason that SOTX should not accept this minor as a volunteer? <input type="radio"/> YES <input type="radio"/> NO	
	2A: If yes, please explain:	
Signature: _____		Date: _____

PERSONAL/PROFESSIONAL REFERENCE #2

References must be age 18 and over and may not be family members. (Example: individuals from school, church, civic/service organization.)

COMPLETE ALL BOXES	Name:	Relationship to Minor:
	Origin of Relationship (e.g. church, school, work, etc.):	
	Email Address:	
	Day Phone: ()	Night Phone: ()
	1: How long have you known the minor? _____ Years _____ Months	
	2: Do you know of any reason that SOTX should not accept this minor as a volunteer? <input type="radio"/> YES <input type="radio"/> NO	
	2A: If yes, please explain:	
Signature: _____		Date: _____

Office Use Only Area: _____ Del. ID: _____
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