



UNIFIED SPORTS - UNIFIED PARTNER APPLICATION

SECTION A - DEMOGRAPHICS

Unified Partner Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Gender: Male Female Birth Date: ___ / ___ / ___
 Employer/School: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email #1: _____
 Email #2: _____

Parent/Guardian Information (If partner is under 18 yrs old):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Employer: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone #1: _____
 Cell Phone #2: _____
 Email #1: _____
 Email #2: _____

SS# _____ - _____ - _____
 (REQUIRED FOR UNIFIED PARTNER)

SECTION B - UNIFIED SPORTS: Check only those sports that apply to your interests.

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Athletics (Track and Field) | <input type="checkbox"/> Bowling | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Soccer | |

Program/Region/Team Name (if known): _____

SECTION C - HEALTH INSURANCE / HEALTH HISTORY / EMERGENCY CONTACT INFORMATION

Person to be contacted in case of emergency: _____ Phone #: _____

Medical Insurance Company: _____ Policy Number: _____

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|
| 1. Heart Disease/Heart Defect/High BP | <input type="checkbox"/> | <input type="checkbox"/> | 13. Allergy: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Chest pain | <input type="checkbox"/> | <input type="checkbox"/> | 14. Special Diet | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Seizures/epilepsy/Fainting Spells | <input type="checkbox"/> | <input type="checkbox"/> | 15. Immunization up to date | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | 16. Tobacco Use | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Concussion or Serious Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | 17. Uses Wheelchair/Walker | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Major Surgery or Serious Illness | <input type="checkbox"/> | <input type="checkbox"/> | 18. Emotional/Psychiatric/Behavioral | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heat stroke/Heat Exhaustion | <input type="checkbox"/> | <input type="checkbox"/> | 19. Sickle Cell Trait or Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Blindness/Visual Problem | <input type="checkbox"/> | <input type="checkbox"/> | 20. Easy Bleeding | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Wears Contact Lenses/Glasses | <input type="checkbox"/> | <input type="checkbox"/> | 21. Other: _____ | | |
| 10. Hearing Loss/Hearing Aid/Non-Verbal | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. Bone or Joint Problems | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Date of last Tetanus immunization: ___ / ___ / ___

SECTION C continued:

This section must be completed, and all information is kept confidential.

YES*

NO

Do you use illegal drugs?

Have you ever been convicted of a criminal offense?

Have you ever been charged with neglect, abuse, or assault?

Has your drivers' license ever been suspended or revoked in any State?

(*If you answered "yes" to any of the above questions, please attach a written explanation)

Do you have a valid drivers' license? yes no If yes, please list state and license # _____

REQUIRED

SECTION D - RELEASE FORM

* The information that I have provided may be verified, and I give my permission to Special Olympics Nebraska to make inquiry of others concerning my suitability to act as a Special Olympics Nebraska volunteer, including, but not limited to, a criminal history and Department of Motor Vehicle check.

*I do hereby release Special Olympics Nebraska, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

* The relationship between Special Olympics Nebraska and volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or Special Olympics Nebraska.

* In the course of volunteering for Special Olympics Nebraska, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

* I represent and warrant that, to the best of my knowledge and belief, I am/my child is/my ward is physically and mentally able to participate in Special Olympics Nebraska. With my approval, a licensed physician is authorized to review the health information set forth in this application, and administer a medical examination so as to certify that there is no medical evidence which would preclude me/my child's/my ward's participation.

* Special Olympics Nebraska has my permission to use my/my child's/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media, and in any form, for the purpose of advertising or communicating the purpose and activities of Special Olympics Nebraska and/or applying funds to support those purposes and activities.

* If a medical emergency should arise during my/my child's/my ward's participation in any Special Olympics Nebraska activities and I am not able to give my consent, for whatever reason, I authorize Special Olympics Nebraska to take whatever measures are necessary and which it deems advisable, to protect my/my child's/ my ward's health and well-being, including hospitalization.

* I have read and fully understand the provisions of the above release and have explained the provisions to my child/ward. I understand that through my signature on this release form, I am agreeing to the above provisions on my own behalf or on the behalf of my child/ward, and hereby give my permission for my child/ward to participate in Special Olympics Nebraska games, recreation programs and physical activities.

PRIVACY ACT INFORMATION: The information accessed through this means is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act of 1974.

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

I understand I need to complete the **Protective Behaviors** Online Training Tutorial at www.sone.org.

I understand I need to read and sign the **Athlete Code of Conduct** and submit with my application.

Signature of Unified Partner: _____ Date _____/_____/_____

Signature of Parent/ Caregiver (if unified partner is under 18 yrs of age) _____



Unified Partners under 18 years of age must provide two References. Please use this form.

Reference #1: To be completed by a School Counselor, Principal, or Teacher:

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 the Applicant should not be permitted to volunteer on behalf of Special Olympics.
4. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Relationship to Applicant: _____ Date: ____/____/____

Organization/Institution: _____ Phone: _____

Reference #2: This reference should be provided by an individual who is:

- Not your legal guardian
- Not related to you, and
- At least 18 years old

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 the Applicant should not be permitted to volunteer on behalf of Special Olympics.
4. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Relationship to Applicant: _____ Date: ____/____/____

Organization/Institution: _____ Phone: _____

Parent/Guardian signature: _____