

# VOLUNTEER REFERENCE FORM FOR MINORS

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**This form needs to be completed for Class A volunteers or Unified Partners who are 17 years of age or under.**

Special Olympics Minnesota enhances the human potential and quality of life for children and adults with intellectual disabilities by offering year-round sports training and competition. Special Olympics Minnesota offers five annual statewide competitions, more than 60 Area events, and training programs for more than 4,300 coaches and opportunities for 14,000 volunteers who give their time and knowledge as local coordinators, event managers, day-of volunteers and coaches.

**NAME OF VOLUNTEER/UNIFIED PARTNER:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

I wish to become a Class A volunteer.

Class A volunteers are defined as volunteers who have regular, close physical contact with athletes such as coaches, chaperones, Unified Partners, Area and local sports management team members, heads of delegation, ALPs mentors, drivers for athletes and volunteers who have administrative and/or fiscal authority.

I've read the information above and I know of no reason why \_\_\_\_\_ cannot serve as a Class A volunteer for Special Olympics Minnesota.

Reference Signature: \_\_\_\_\_

Reference Name (Print): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

**DELEGATION:** \_\_\_\_\_

I wish to become a Unified Partner.

Unified Sports® is a program that brings together athletes with intellectual disabilities and their peers without intellectual disabilities on the same team for training and competition. A primary goal of Unified Sports® is to equalize the ability level of Special Olympics athletes with their partners' and to promote inclusion through same team practice and competition. Athletes in this program need to have the necessary skill level to participate in the sport so they can be appropriately matched with their Partners.

I've read the information above and I know of no reason why \_\_\_\_\_ cannot serve as a Unified Partner for Special Olympics Minnesota.

Reference Signature: \_\_\_\_\_

Reference Name (Print): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

If you have any questions, concerns or comments,  
please email [volunteers@somn.org](mailto:volunteers@somn.org).