



WAIVER
Information/Application
Confidential
Please type or print

Name: _____ *SSN: _____
Last First

DOB: _____ Gender: (Check One) MALE _____ FEMALE _____ Drivers License #: _____

Waiver

Qualifying Entity:
Special Olympics Utah
243 E 400 S, Suite #111
Salt Lake City, UT 84111

By signing this form, I authorize Special Olympics Utah to periodically access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity.

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

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Prospective Employee/Volunteer Signature **Date**

Qualifying Entity Representative Signature **Date**