

COMMUNICATION AND PREFERENCES	Primary Language Preference <input type="checkbox"/> English <input type="checkbox"/> French		
	Can we add you to our newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRIMARY ADDRESS	Street 1		Street 2
	City	Province	Postal Code
SECONDARY ADDRESS	Street 1		Street 2
	City	Province	Postal Code
CRIMINAL RECORD CHECK	Please provide a copy of your Criminal Record Check & Vulnerable Sector Check		

EMERGENCY CONTACT	First Name		Last Name	
	Relationship			
	Primary Phone			Extension
	Secondary Phone			Extension
	Mobile Phone			
	Priority <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other			
ALTERNATIVE EMERGENCY CONTACT	First Name		Last Name	
	Relationship			
	Primary Phone			Extension
	Secondary Phone			Extension
	Mobile Phone			
	Priority <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other			
MEMBER TRAINING	Please List Any Training Courses You Have Taken That You Think Special Olympics Should Have on Record. Please Include the Training Course, Certificate #, Date Completed, and Renewal Date.			

ADDITIONAL INFORMATION	Reason Joined:	
	<input type="checkbox"/> Get Active	<input type="checkbox"/> Utilize Skills
	<input type="checkbox"/> Make a Difference	<input type="checkbox"/> Social Interaction
	<input type="checkbox"/> Learn New Skills	<input type="checkbox"/> Build Resume
		<input type="checkbox"/> Friend/Family is an Athlete
		<input type="checkbox"/> Program or School Requirement
		<input type="checkbox"/> Friend/Family is a Volunteer
Shirt Size		
Youth	Mens	Womens
<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
	<input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> XXXXL	<input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> XXXXL
Healthcare Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an Educator? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL REFERENCE	First Name	Last Name
	Relationship	Email
	Employer and Position	Primary Phone
PERSONAL REFERENCE	First Name	Last Name
	Relationship	Email
	Employer and Position	Primary Phone

OTHER ROLES	Finance/Fundraising	Affiliate Management Committee	Are you an athlete volunteer?
	<input type="checkbox"/> LETR Volunteer <input type="checkbox"/> Event Volunteer	<input type="checkbox"/> Chairperson <input type="checkbox"/> Committee Member <input type="checkbox"/> Executive Member <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Volunteer Representative <input type="checkbox"/> Local/Community Coordinator <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Regional Coordinator <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Fundraising Coordinator	<input type="checkbox"/> YES <input type="checkbox"/> NO