

SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR VOLUNTEER/COACH REGISTRATION FORM CLUB:

FIRST NAME		MIDDLE NAME INITIAL		LAST NAME		
MAILING ADDRESS AND CONTACT INFORMATION	<i>Address</i>					
	<i>City</i>		<i>Province</i> Newfoundland & Labrador		<i>Postal Code</i>	
	<i>Home Phone #</i>		<i>Primary E-mail Address:</i>			
	<i>Secondary Address, if different from above i.e., Box number, RR Number</i>			<i>Cell Phone #</i>		
EMERGENCY CONTACT INFORMATION	<i>Name</i>				<i>Relationship</i>	
	<i>Cell Phone #</i>		<i>Alternate Phone #</i>			
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE		DATE OF BIRTH	<i>Month Day Year</i>	
MCP #				EXPIRY DATE		
COACHING COURSES	<input type="checkbox"/> Community Course <input type="checkbox"/> Competition Course <input type="checkbox"/> Generic			NCCP #		
CRIMINAL RECORD	Do you have a criminal record of any kind, or have you ever been <i>charged</i> with a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the nature of the offence: _____					
CURRENT VOLUNTEER POSITIONS	Sports	Head Coach	Assistant Coach	Program Volunteer	Administration Roles	X
					<i>Executive</i>	
	Active Start				Club Coordinator	<input type="checkbox"/>
	Athletics (T&F)				Program Coordinator	<input type="checkbox"/>
	Basketball				Club Registrar	<input type="checkbox"/>
	Bocce				Fundraising Coordinator	<input type="checkbox"/>
	Bowling, 5-Pin				Treasurer	<input type="checkbox"/>
	Curling				Secretary	<input type="checkbox"/>
	Floor Hockey				Social Coordinator	<input type="checkbox"/>
	FUNDamentals				Parent Representative	<input type="checkbox"/>
	Golf				Athlete Representative	<input type="checkbox"/>
	Powerlifting				Member at Large	<input type="checkbox"/>
	Rhythmic Gym.				Other	<input type="checkbox"/>
	Skating, Figure					<input type="checkbox"/>
	Skating, Speed					<input type="checkbox"/>
	Skiing, Cross-Country					<input type="checkbox"/>
	Snowshoeing					<input type="checkbox"/>
	Soccer					<input type="checkbox"/>
	Softball					<input type="checkbox"/>
	Swimming					<input type="checkbox"/>

SEE REVERSE SIDE

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FIRST NAME /
PREFERRED NAME

LAST
NAME

VOLUNTEER REQUIREMENTS

VOLUNTEER ONLINE ORIENTATION: Completed Started Not Started
(<http://solearn.ca/login/index.php>)

CURRENT POLICE RECORD CHECK: YES NO DATE APPLIED: _____ RECEIVED

New Volunteer (please fill in references) Returning Volunteer

REFERENCES:

Personal:

Name: _____

Number: _____

Relationship: _____

Work:

Name: _____

Number: _____

Relationship: _____

REFERENCE CHECK COMPLETED: YES COMPLETED BY: _____

COACH CODE OF CONDUCT

I, the undersigned coach, have read and understood the Coach Code of Conduct. I agree to abide by the Code of Conduct at all Special Olympics Events.

Criminal Record Check and Vulnerable Sector Screening

I understand that I am required to immediately inform the Executive Director of Special Olympics NL of any charge or conviction for a criminal offence and that I may be required to withdraw until such time as my charge is dealt with. Should I be convicted of a criminal offence, a decision will be made as to my future eligibility as a volunteer with Special Olympics NL.

Coach / Volunteer Release

I, the undersigned coach, volunteer, official, parent or administrator hereby release discharge and indemnify Special Olympics Inc. from all liability for injury to person or damage to property of myself. In participating in Special Olympics activities I grant permission to use the likeness, voice, and words of myself in television, radio, films, newspaper, magazine and other media, and in any form not heretofore described for the purpose of advertising for communicating the purposes and activities of Special Olympics Canada and in appealing for funds to support such activities.

Any and all references to Newfoundland and Labrador Special Olympics/Canadian Special Olympics Inc. include and apply equally to all the Provincial and Territorial Chapters of Special Olympics Canada.

Volunteer

Signature

Print Name

Date

Volunteers under the age of 18 must have parent/caregiver/legal guardian sign this release on their behalf.

Parent/Caregiver/Guardian

Signature

Print Name

Parent/Caregiver/Guardian

Phone Number

Date