



(\* Indicates Mandatory Fields)

Special Olympics District/Community: \_\_\_\_\_ \*

## General Information – **Please Print Clearly**

Member Since: \_\_\_\_\_ Gender:  Male  Female \*  Honorary Life Member

Name: \_\_\_\_\_ \*

First

Last

Address: \_\_\_\_\_ \*

City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ \*

Home Phone: \_\_\_\_\_ \* Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ \* Health Card Number: \_\_\_\_\_

Aboriginal Heritage: (Information used for Indigenous Games)  Yes  No

## How did you find out about Special Olympics? Please help us for reporting and recruitment purposes.

Select ALL that apply:

- |   |  |
|---|--|
| <input type="radio"/> Invited to attend a program and/or Word of Mouth          | <input type="radio"/> Representation at Tradeshows and Fairs |
| <input type="radio"/> Website and/or Social Media ( <i>Facebook, Twitter</i> )  | <input type="radio"/> School Programs and/or other Clubs     |
| <input type="radio"/> Mainstream Media ( <i>Advertisements, Newspaper, TV</i> ) | <input type="radio"/> Other: _____                           |

## Volunteer Profile

### Administrative Responsibilities

Please indicate, if any, the administrative position(s) which the volunteer will be responsible for:

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> Manager/Chair       | <input type="radio"/> Treasurer          | <input type="radio"/> Public Relations     | <input type="radio"/> Sport Technical Advisor   |
| <input type="radio"/> Program Coordinator | <input type="radio"/> Secretary          | <input type="radio"/> Occasional Volunteer | <input type="radio"/> <b>SOS Youth Programs</b> |
| <input type="radio"/> Community Registrar | <input type="radio"/> Fundraising Coord. | <input type="radio"/> Official             |   |

### Program Responsibilities

Please indicate if any, the sport which the volunteer will be participating and select the position(s) that will be held:

1. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- Head Coach       Assistant Coach       Program Volunteer       Team Manager

2. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- Head Coach       Assistant Coach       Program Volunteer       Team Manager

3. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- Head Coach       Assistant Coach       Program Volunteer       Team Manager

## Safe Sport

NEW Volunteers – Submitted Criminal Record Check (*including Vulnerable Sector Check*) with Registration Form:

Yes  No

Returning Volunteers – Criminal Record Check (*including Vulnerable Sector Check*) on File: Yes  No

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## Volunteer Training and Development Information

### First Aid & CPR

Valid First Aid: Yes  No  Scheduled Date of Renewal (MM/DD/YYYY): \_\_\_\_\_

Valid CPR: Yes  No  Scheduled Date of Renewal (MM/DD/YYYY): \_\_\_\_\_

### Coaching Certification

Please indicate, if any, the highest level of training and development attained in each area

Coaches Association of Canada Identification number (NCCP): \_\_\_\_\_

SPORT	Certification Type	Level	Date Attained

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## Medical

Please indicate any special dietary or medical needs/concerns, and **EMERGENCY CONTACT INFORMATION**:

## Volunteer Waivers

Please refer to the following attached waivers:

1. Participant Waiver
2. Consent to use Personal Information and Privacy Policy Confirmation
3. Code of Conduct and Ethics
4. Media Release Form

### Please Note:

If using a paper/printed form to register for Special Olympics programming, all of the above waivers are required to be signed and submitted to your Community Executive Committee.

**Waivers 1, 2, and 3** (*Participant Waiver, Consent to Use Personal Information and Privacy Policy Confirmation, Code of Conduct and Ethics*) are **MANDATORY** in order to be able to participate in Special Olympics programming.

The *Media Release Form* is optional for athletes and volunteers to agree to.