



Annual Affiliate/Community Program Accreditation Application

An online version of this form is available here:

<https://docs.google.com/forms/d/e/1FAIpQLSdGLUht-2wbHL1NYtbdY1h1a0l4IP4DypVd0hkRpu2cLtuzuw/viewform>

Affiliate/Community Program: _____

Terminology

Special Olympics Mission Statement is in the Affiliate/Community Program's governing documents and uses the terminology "intellectual disability" in its documents and correspondences. Yes No

Affiliate Composition

Please complete the attached *Affiliate Management Committee (AMC) Form* (page 3-4) if applicable.

Is there an Athlete that sits on the AMC? Yes No .

Communication Expectations

Please state whom is the best contact within your Affiliate/Community Program to receive and respond to communications from SOA? Expectations are that this individual responds to requests within a reasonable time frame.

Name of best contact _____

As an Affiliate/Community Program of SOA, we agree that we the affiliate will submit AMC minutes within 2 weeks of all AMC meetings as outlined to be an accredited affiliate of the organization. Yes No

Volunteer Management

Are volunteers and coaches completing the online orientation (www.solearn.ca) and all other coach training? Yes No

Are you following the Volunteer Screening Policy outlined by SOA?

- Registration Form Yes No
- Police Information Check Yes No
- Interview/References Yes No

Programs

Please complete the *Sports Offered Form* (page 2)

Marketing

Is the official Special Olympics logo utilized by your Affiliate/Community Program? Yes No

Do you use the proper branding for your Affiliate/Community Program? Yes No



Risk Management

Do you have an Emergency Action Plan (EAP)? Yes No

Do you have a policy manual in addition to SOA? Yes No

Submission Due by Oct. 17th, 2020

The information on this application is complete and correct:

Chairperson (please print name)

Signature

Date

Summer Sports Offered

- 5 Pin Bowling
- 10 Pin Bowling
- Basketball
- Bocce
- Fitness
- Golf
- Swimming
- Athletics
- Powerlifting
- Rhythmic Gymnastics
- Softball
- Outdoor Soccer

Winter Sports Offered

- Alpine Skiing
- Curling
- Figure Skating
- Floor Hockey
- Cross Country Skiing
- Speed Skating
- Indoor Soccer
- Snowshoeing

Young Athletes Programs Offered

- Active Start
- FUNdamentals

Demonstration Sports Offered

: _____



Affiliate Management Committee (AMC) Form

General Affiliate Contact Information

(Please specify a general mailing address for your Affiliate. If one is not specified, we will send pertinent letters and packages to the Chairperson's mailing address)

Preferred Mailing Address:

Home:

Work:

Fax:

E-mail:

Athlete Representative

Name:

Home:

Work:

Fax:

E-mail:

Chairperson

Name:

Home:

Work:

Fax:

E-mail:

Vice Chairperson

Name:

Home:

Work:

Fax:

E-mail:

Treasurer

Name:

Home:

Work:

Fax:

E-mail:

Secretary

Name:

Home:

Work:

Fax:

E-mail:

Registration Coordinator

Name:

Home:

Work:

Fax:

E-mail:

Program Coordinator

Name:

Home:

Work:

Fax:

E-mail:

Volunteer Coordinator

Name:

Home:

Work:

Fax:

E-mail:

Additional Members
Position:

Name:

Home:

Work:

Fax:

E-mail:

Additional Members
Position:

Name:

Home:

Work:

Fax:

E-mail:

Additional Members
Position:

Name:

Phone (Home):

Work (Phone):

Fax:

E-mail: