



Annual Affiliate Accreditation Application

An online version of this form is available here: <http://www.specialolympics.ca/alberta/learn/resources/accreditation-standards-and-supports>

1. Affiliate Name: _____
2. Special Olympics Mission Statement is in the Affiliate's governing documents and uses the terminology "intellectual disability" in its documents and correspondences. Yes No

Affiliate Composition

3. Please complete the attached *Affiliate Management Committee (AMC) Form* (page 2-3)
4. Is there an Athlete that sits on the AMC? Yes No
5. Please attach a copy of the minutes from the last two AMC meetings.

Volunteer Management

6. Are volunteers and coaches completing the online orientation (www.solearn.ca) and all other coach training? Yes No
7. Are you following the Volunteer Screening Policy outlined by SOA?
 - a. Registration Form Yes No
 - b. Police Information Check Yes No
 - c. Interview/References (please attach) Yes No

Program

8. Please complete the *Sports Offered Form* (page 4)
9. Did you participate in a competition last year? Yes No

Marketing

10. Is the official Special Olympics logo utilized by the Affiliate? Yes No



11. Do you use the proper branding for your Affiliate? Yes No

Special Olympics Alberta – "Affiliate Name"

12. Have you made any updates to your Affiliate webpage on the SOA site? Yes No

Affiliate Webpages can be found here: www.specialolympics.ca/alberta/communities/

13. What methods of communication do you use? Please check all that apply

Facebook Twitter Instagram Newsletter E-mail Other (list) _____

Risk Management

14. Do you have a crisis management plan? Yes No Emergency Action Plan (EAP)? Yes No
15. Do you have a policy manual in addition to SOA? Yes No

Submission Due by

The information on this application is complete and correct:

Chairperson (please print name)

Signature

Date



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: