



Annual Community Program Accreditation Application

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

1. Community Program Name: _____
2. Special Olympics Mission Statement is in the Community Program's governing documents and uses the terminology "intellectual disability" in its documents and correspondences.
Yes No
3. Please specify a general mailing address for your Community Program.

If one is not specified, we will send pertinent letters and packages to the Main Contact's mailing address.

Volunteer Management

4. Are volunteers and coaches completing the online orientation (www.solearn.ca) and all other coach training?
Yes No
5. 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

6. Please complete the *Sports Offered Form* (page 2)
7. Did you participate in a competition last year? Yes No

Marketing

8. Is the official Special Olympics logo utilized by the Community Program? Yes No



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9. Do you use the proper branding for your Community Program? Yes No
Special Olympics Alberta – "Community Program Name"

10. Have you made any updates to your Community Program webpage on the SOA site? Yes No
Affiliate Webpages can be found here: www.specialolympics.ca/alberta/communities/

11. What methods of communication do you use? Please check all that apply
 Facebook Twitter Instagram Newsletter E-mail Other (list) _____

Risk Management

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

Submission Due by

The information on this application is complete and correct:

Club Contact (please print name)

Signature

Date