



Event Volunteer Form

2023-2024

		®			
Event			Date	Month [Day Year
First Name		Middle Name/Initial		Last Name	
Email Address			Date of Birth	Month (Day Year
	Street Name and No.		Apt. No. or R.R. No.		
Home Address	City		Province	Postal Code	
Would you like to	D BE CONTACTED REGARD	ING FUTURE SOPEI VOLUNTI	EER OPPORTUNITIES?	□ Yes	□ No
the Terms and C Participants mus	conditions can be fou t agree to the Terms Terms and Condition o do so.	nditions are basic rules nd here: https://www.sj and Conditions to parti as on behalf of the partic	pecialolympics.ca/pei/l cipate in Special Olymp cipant named on this fo	earn/policies-publ ics. By signing belo rm, and you confirn	ications w you agree to the
of the Term The Special 1. The Wa pics' fa 2. The Me of what 3. The Pri 4. The Co	ns and Conditions can Olympics Terms and iver says that you car ult if you get hurt. edia Release says you t Special Olympics doo vacy Policy says that S de of Conduct explair	ument and is meant to ex be found at the link note Conditions are made up of get hurt playing sports. agree to let Special Olym es. Special Olympics will keep is the rules about how to lease contact a staff pers	ed above. of four things: If the playing condition pics use pictures and vic o your personal informal act when you are at Spe	s are safe, it is not S leos of you to help t tion safe. ecial Olympics.	pecial Olym-
(including but no No 🗆 Ye *If the answer is [*IMPORTANT: I	t limited to, as a yout s □ s yes to the above qu f you answered yes,	CRIMINAI red through this form e h under the Youth Crimin estion, please indicate the please contact Charity Sh icipation will depend on the	ever been charged with hal Justice Act, or the lav he nature of the offence neehan (902-368-8919) t	vs of another count :: o discuss the indivic	ry)?
		MEDIA RELEASE ir picture, words, or voice	OPT-IN/OPT-OUT	-	
l agree to the Spe criminal record a		and Conditions and attes	t that my answers on th	e media release opt	-in/opt-out and
Participant Name	2:	Date:			
Parent/Legal Gua	ardian Name:	Signa	iture:		
If signing as a l	Parent/Legal Guard	dian you are confirmin	g that you have the le	egal right to do so	
Return to:		Special Olympics P	rince Edward Island		
		an Crescent, Room 24 2-368-8919 Toll Free:1·	•		
	i none. yo				