

## SPECIAL OLYMPICS ALBERTA VOLUNTEER REGISTRATION FORM

PARTICIPANT	First Name		Last Name			
INFORMATION	Date of Birth		Email Address			
	Chapter SO ALBERTA			Community		
PROGRAM INFORMATION	WINTER SPORTS  5 Pin Bowling Curling Floor Hockey Skating – Figure Skating – Speed Skating Skiing - Alpine Skiing – Cross Country Snowshoeing Soccer/Indoor	☐ Head Coach ☐☐	Assistant Coach	Program Volunteer   Team Manager		
	SUMMER SPORTS  Description 10 Pin Bowling Softball Athletics Basketball Golf Power Lifting Rhythmic Gymnastics Soccer/outdoor Swimming Bocce	Head Coach	Assistant Coach	Program Volunteer		
	Youth Program  □ Active Start □ FUNdamentals	☐ Head Coach ☐ ☐ Head Coach ☐	Assistant Coach	Program Volunteer □ Team Manager Program Volunteer □ Team Manager		
	Other Programs		☐ Assistant Coach ☐ Program Volunteer ☐ Team Manager			
		☐ Head Coach ☐	Assistant Coach   I	Program Volunteer □ Team Manager		
	□	☐ Head Coach ☐	Assistant Coach ☐ Program Volunteer ☐ Team Manager			
		☐ Head Coach ☐	Assistant Coach   I	Program Volunteer   Team Manager		
ADDITIONAL VOLUNTEER INFORMATION	Salutation		Middle Name			
	Sex  □ Male □ Female □ X		Gender Identity			
	Cultural Background		Do you Identify as Aboriginal? ☐ Yes ☐ No			
CONTACT INFORMATION	Email 2		Email 3			
	Home Phone		Mobile Phone			
	Nickname					

	Primary Language Preference							
COMMUNICATION AND	□ English □ French							
PREFERENCES	Can we add you to our newsletter?  ☐ Yes ☐ No							
	Street 1		Street 2					
PRIMARY ADDRESS								
PRIMART ADDRESS	City	Province		Postal Code				
	Street 1	1						
	Street 1		Street 2					
SECONDARY ADDRESS	City	Province		Postal Code				
CRIMINAL RECORD CHECK	Please provide a copy of your Criminal Record Check & Vulnerable Sector Check							
	First Name Last Name							
	Relationship							
EMERGENCY CONTACT	(Celationalii)							
	Primary Phone			xtension				
	Secondary Phone			xtension				
	Mobile Phone							
	Priority  ☐ Primary	□ Secondar	ry 🗆 O	ther				
	First Name		Last Name	<u> </u>				
	Relationship							
	Primary Phone		E	xtension				
ALTEDNATIVE								
ALTERNATIVE EMERGENCY CONTACT	Secondary Phone			xtension				
	Mobile Phone							
	Priority							
	□ Primary	□ Secondar						
	Please List Any Training Courses You Have Taken That You Think Special Olympics Should Have on Record. Please Include the Training Course, Certificate #, Date Completed, and Renewal Date.							
MEMBER TRAINING								

	Barrer Internal						
	Reason Joined:		- CI::II-		Athlete		
		☐ Utiliz		☐ Friend/Family i			
			al Interaction	<u> </u>	nool Requirement		
	☐ Learn New Skills	Learn New Skills ☐ Build Resume			☐ Friend/Family is a Volunteer		
ADDITIONAL	Shirt Size						
INFORMATION	Youth		Mens		Womens		
			□XS □S □M □L				
			□ XL □ XXL	□ XXXL □ XXXXL			
	Healthcare Professional?	- 1/		Are you an Educator?	V = N		
		Yes	□ No		Yes □ No		
	First Name			Last Name			
PERSONAL REFERENCE	Relationship			Email			
	Employer and Position			Primary Phone			
	E'art Name			Last Name			
	First Name			Last Name			
PERSONAL REFERENCE	Relationship			Email			
	Employer and Position			Primary Phone			
				l			
	Finance/Fundraising		Affiliate Management Committee		Are you an athlete volunteer?		
OTHER ROLES	□ LETR Volunteer		□ Chairperson		□ YES □ NO		
	□ Event Volunteer		□ Committee Member				
			☐ Executive Member				
			□ Treasurer				
			□ Secretary				
			□ Volunteer Representative				
			□ Local/Community Coordinator				
	□P		□ Program C	oordinator			
	│ □ Re		□ Regional C	oordinator			
	1		□ Volunteer Coordinator				
			□ Fundraising Coordinator				