



Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Email Address		
First Name		Middle Name/Initial		Last Name	
Phone No.	Home	Cell	Primary Language	English <input type="checkbox"/>	French <input type="checkbox"/>
Home Address	Street Name and No.		Apt. No. or R.R. No.		
	City		Province	Postal Code	
Medical Information	PLEASE INDICATE ANY MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF (I.E.—ALLERGIES, DIETARY RESTRICTIONS)				
Emergency Contact	Name		Relationship		
	Home Phone No.		Work Phone No.		
	Cell Phone No.		Email Address		
Volunteer Information	WHY DO YOU WANT TO BECOME A VOLUNTEER WITH SPECIAL OLYMPICS PEI?				
	CURRENT SKILLS, TRAINING, QUALIFICATIONS AND INTERESTS:				
	PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE:				
Program Information	PLEASE INDICATE THE REGION IN WHICH YOU WOULD LIKE TO VOLUNTEER (SELECT ALL THAT APPLY):				
	<input type="checkbox"/> Prince County <input type="checkbox"/> Central <input type="checkbox"/> Kings County				
	PLEASE INDICATE THE CAPACITY IN WHICH YOU WOULD LIKE TO VOLUNTEER (SELECT ALL THAT APPLY):				
	<input type="checkbox"/> Competitive Sport Programs <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Community Sport Programs <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Provincial Competitions <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Board of Directors <input type="checkbox"/> Healthy Athletes <input type="checkbox"/> Other: _____				
	SPECIAL OLYMPICS PEI OFFERS THE FOLLOWING PROGRAMS. IF YOU HAVE CHECKED COMPETITIVE OR COMMUNITY SPORT PROGRAM, PLEASE INDICATE WHICH PROGRAM(S) YOU WOULD BE MOST INTERESTED IN VOLUNTEERING WITH. <input type="checkbox"/> Active Start <input type="checkbox"/> Youth Multi-Sport <input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Athletics <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Curling <input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Powerlifting <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming				
When are you available to volunteer: _____					

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Month Day Year	NCCP No.	
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T-Shirt Size	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other: _____
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References	PLEASE LIST TWO PERSONS WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. CAN INCLUDE A PERSONAL REFERENCE, A FAMILY MEMBER AND/OR AN EMPLOYER (FROM A PAID OR VOLUNTEER POSITION).	
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____

Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? Yes No

If yes, please indicate the nature of the offence: _____

***Volunteers over the age of eighteen (18) must submit, along with their application, a Criminal Record Check and Vulnerable Sector Check complete within ninety (90) days of when the application is submitted.**

I HAVE READ THE FOLLOWING DOCUMENTS AND AGREE TO THEIR GUIDELINES:

- 1.) Code of Conduct and Ethics - Pan Canadian Policy
 - 2.) Criminal Offenses and Investigations Policy - Policy 2000-17
 - 3.) Volunteer Screening Guidelines - Policy 5000-15
 - 4.) Job Descriptions - (Found online at www.specialolympics.ca/pei/volunteers/coaching-roles)
- Policies can be found at www.specialolympics.ca/pei/learn/policies-publications

WAIVER AND RELEASE

I GIVE MY PERMISSION FOR THE REFERENCES ABOVE TO BE CONTACTED IN CONNECTION WITH MY APPLICATION FOR A VOLUNTEER POSITION WITH SPECIAL OLYMPICS PEI.

I UNDERSTAND THAT THE SCREENING PROCESS OF SPECIAL OLYMPICS PEI INCLUDES AN APPLICATION FORM, AN INTERVIEW, REFERENCE CHECK AND CRIMINAL RECORD CHECK.

IF ACCEPTED AS A VOLUNTEER, I AGREE TO FULFILL MY RESPONSIBILITIES TO THE BEST OF MY ABILITY, TO ABIDE BY THE MISSION AND PRINCIPLES OF SPECIAL OLYMPICS AND TO PARTICIPATE IN THE TRAINING OFFERED BY SPECIAL OLYMPICS PEI.

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF INFORMATION ON THIS APPLICATION IS CAUSE FOR REFUSAL OR DISMISSAL AS A VOLUNTEER WITH SPECIAL OLYMPICS PEI.

I, THE UNDERSIGNED COACH, VOLUNTEER, OFFICIAL, PARENT OR ADMINISTRATOR HEREBY RELEASE, DISCHARGE AND INDEMNIFY SPECIAL OLYMPICS CANADA INC., FROM LIABILITY FOR INJURY TO PERSON OR DAMAGE TO PROPERTY OF MYSELF. IN PARTICIPATION IN SPECIAL OLYMPICS ACTIVITIES I GRANT PERMISSION TO USE THE LIKENESS, VOICE AND WORDS OF MYSELF IN TELEVISION, RADIO, FILMS, NEWSPAPER, MAGAZINE AND OTHER MEDIA, AND IN ANY FORM NOT HERETOFORE DESCRIBED FOR THE PURPOSE OF ADVERTISING OR COMMUNICATING WITH PURPOSES AND ACTIVITIES OF SPECIAL OLYMPICS CANADA INC. AND IN APPEALING FOR FUNDS TO SUPPORT SUCH ACTIVITIES.

ANY AND ALL REFERENCE TO SPECIAL OLYMPICS CANADA INC. INCLUDE AND APPLY TO THE PROVINCIAL AND TERRITORIAL CHAPTERS OF SPECIAL OLYMPICS CANADA.

PRIVACY POLICY

SPECIAL OLYMPICS PRINCE EDWARD ISLAND (SOPEI) WILL PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATIVE REQUIREMENTS WITH RESPECT TO YOUR PRIVACY. WE USE YOUR PERSONAL INFORMATION TO PROVIDE SERVICES AND KEEP YOU INFORMED AND UP TO DATE ON THE ACTIVITIES OF SOPEI, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING REQUIREMENTS, MEDIA, AND OPPORTUNITIES TO VOLUNTEER OR TO GIVE.

I DO NOT PERMIT SOPEI TO PROVIDE ANY THIRD PARTIES MY PERSONAL INFORMATION (PLEASE CHECK)

_____	_____
Applicant's Signature	Date

Return to: Special Olympics Prince Edward Island
40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E6
Phone: 902-368-8919 Toll Free:1-800-287-1196 Fax: 902-892-4553