

Special Olympics Alberta Volunteer Registration Guide

August 21, 2020







Contents

Volunteer Enrollment	3
Legal Waivers	4
Program Search	6
Program Search Continuation	7
Member Main Profile Tab	8
Communication Preferences	8
Addresses	9
Criminal Record Checks	10
Add a Criminal Record Check document	11
Medical Information	12
Emergency Contacts	13
Member Training (optional)	14
Volunteer Profile	15
Enrollment Details	16
My Enrollments	17



Volunteer Enrollment

Please follow the Portal Registration Guide if you do not already have a Portal account. If you already have a Portal account, upon logging in you will be presented the following:

Step 1 → Current Enrollments will be Viewed under Volunteer roles

Step 2 \rightarrow To add a new enrollment choose Add Me As Volunteer from the menu on the right of the page.

Special Olympics Olympiques spéciaux Canada								
♣ HOME > MY ROLES								
Member	Membership Status		MY PROFILE					
JustinTest Hebert	Active		MY ENROLLMENTS					
(MY CLUBS AND SCHEDULE					
Important Information			MY COMMITTEES					
In order to continue, please select one role below and click th on which role you select. You may return here later by clicking	e "Continue" button. The information you) the "My Roles" option from the right men	will see is based iu to select a	MY ROLES					
different role if you have more than one.		J	MY PAYMENT INFO					
			MY BALANCE					
Participant Role			ADD ME AS ATHLETE					
•			ADD ME AS VOLUNTEER					
Start Date : End Date : Club / School :	Community/S Region/District		CHANGE PASSWORD					
		A	LOGOUT					

No items to display

Ċ

Volunteer Roles

art Date	End Date	÷	Role	÷	Club / Sch	:	Communit	Region / D		
020-05-08	2100-01-01		Family Adm	nin					Continue	J



Legal Waivers

If you answered **"Yes**" to the legal guardianship question, you will see the fields to agree to the waivers shown in the picture on the next page.

Note that all fields must be answered to continue. See below for details.

Step 1 \rightarrow At the top, is the name of the individual the waivers are for (yourself in this case). Under each waiver is your name as the person signing the waivers, and the current date.

Steps 2-5→ For each Waiver you can read the full version by clicking on the "Read Full Waiver" link. The waivers can also be printed using the Printable Version link.

Steps 6 – 7 \rightarrow For "Include on our Mailing list" and "Allow to Contact Regarding Membership Activities, when your mouse is over the box, more information is displayed about these questions.

These waivers and confirmations must be accepted (answer Yes) before you can continue with the application:

- Participation Waiver
- Privacy Policy Confirmation
- Code of Conduct Confirmation

The questions below can be answered No and you can continue with the application:

- Media Release
- Include on our Mailing List
- Allow to Contact Regarding Membership Activities

New Step: You must also answer the question of criminal record as outlined in the waiver. If you answer yes, please contact the Special Olympics Office.

Step 8 → Click on the "**Previous Step – Member ID**" button to go back and makes changes if required.

Step 9 → Click on the "**Next Step – Program Search**" to continue with the process.

Waivers Screen shown on next page

If you answered "No**" to the legal guardianship question (you are under the age of 18), you will not see the fields to agree to the waivers. **You must print the waivers, have the parent/legal guardian sign them**, and forward them to the your local Special Olympics council.**



Waivers Page

Legal Waivers

Participation Waiver		Privacy Policy Confirm	nation
Please click on the link bei waiver.	low to open and read the Full	Please click on the link belo waiver.	w to open and read the Full
Read Full Waiver Vie	w Printable Version	Read Full Waiver View	v Printable Version
Agree *		I Agree *	
	•		
Soa-Test Test	Liability Accepted On 09/10/2020	Privacy Policy Accepted By Soa-Test Test	Privacy Policy Accepted On 09/10/2020
you have a criminal record	as outlined in the Waiver? *		
	•		
 Required field. 			
edia Release Opt-Out *			
I allow Special Olympics to voice in promotional medi I do not want Special Olym words or voice in promotio) use my/their picture, words or ia npics to use my/their picture, onal media		
Communications		Code of Conduct Conf	irmation
Please answer the questio	ons below related to	Please click on the link belo	w to open and read the full
More Info here		Read Full Waiver View	v Printable Version
)	I Agree *	
clude on Mailing List? •		I Agree *	
clude on Mailing List? • llow to Contact Regarding M	embership Activities? *	I Agree * Code of Conduct Accepted By	Code of Conduct Accepted On
clude on Mailing List? • low to Contact Regarding M	Vembership Activities? •	I Agree * Code of Conduct Accepted By Soa-Test Test	Code of Conduct Accepted On 09/10/2020



Program Search

This Program Search allows you select specific programs and use them for the application process.

Step 1 → The "Search Guide" tells you how to search

Step 2 \rightarrow Use the filters in the Program Search Criteria filter section to look for our programs. Please enter Chapter (SO Alberta), Region your community belongs to, and Community. If you know the specific sport you want to enroll in, you can add that to the search criteria and then hit search.

Step 3 \rightarrow The "Search Results" grid will display the matching clubs based on your search criteria. Be sure to use the scroll bar to see more information about the program

HOME SELF PRO	GRAM PROXIMITY SEARCH					
lember						
Quilter Journey						
Program Sea	arch Criteria	2				
hapter / Province /	/ Territory	Region		Course		
SO Ontario 🔹		Greater Toronto	Area 🔻	To search	for a sport/program	
ommunity		Club		select a S	port if you know wha	t
	+		*	Please in	licate the Chapter	
port		Day of the Week		first and t	then the Region and	
Search	·		·			_
Search Resu	v Ilts	3	•			_
Search Resu	v Ilts rganization Name	3 Program	Start Date	End Date	Enrollment Fee	
Search Results	rganization Name	3 Program Swimming	• Start Date 2019-05-16	End Date 2020-08-23	Enrollment Fee \$127.50	-
Search Result Search Result Search Q Pa Aga Bana Carlos Search Result Search Result Se	rganization Name iax Skating Club urham (Ajax) Heat C asketball	3 Program Swimming Basketball	Start Date 2019-05-16 2019-09-01	End Date 2020-08-23 2020-08-31	Enrollment Fee 5127.50 50.00	-
Search Version Search Version Search (C) (C) Search (C)	rganization Name jax Skating Club urham (Ajax) Heat C asketball randravine Raptors asketball Club	3 Program Swimming Basketball Basketball	Start Date 2019-05-16 2019-09-01 1979-01-01	End Date 2020-08-23 2020-08-31 2020-03-31	Enrollment Fee S127.50 S0.00 S0.00	
Search Sear Search Search Sear	rganization Name ax Skating Club urham (Ajax) Heat C asketball randravine Raptors asketball Club oronto Cricket Club	3 Program Program Swimming Sasketball Basketball Cricket	 Start Date 2019-05-16 2019-09-01 1979-01-01 2018-09-20 	End Date 2020-08-23 2020-08-31 2020-03-31 2019-12-31	Enrollment Fee \$127.50 \$0.00 \$0.00 \$55.00	



Program Search Continuation

Step 1 \rightarrow If you have found the program you want, select it from the list using the check box on the "Select" column. Be aware that you can only select **one program at the time**.

Step 2 → You can click on the detail icon to view details of the club and program offered.

Step 3 \rightarrow Click on "Previous Step – Waivers" to go back and makes changes if required.

Step 4 → Click on the "Next Step – Member Profile" to continue with the process.

Note: You must select a program in order to continue to the next step.

14	•	А н				1 - 4 of 4 item	15
						>	
							-
D	8	Toronto Cricket Club	Cricket	2018-09-20	2019-12-31	\$55.00	
0	Ø	Grandravine Raptors Basketball Club	Basketball	1979-01-01	2020-03-31	\$0.00	
2	Ø	Durham (Ajax) Heat C Basketball	Basketball	2019-09-01	2020-08-31	\$0.00	
• 1	Ø	Ajax Skating Club	Swimming	2019-05-16	2020-08-23	\$127.50	
		organización Name	Program	Start Date	End Date	Enroument ree	

Search Results



Member Main Profile Tab

Fill out the Main Information section. Make sure you provide information for the mandatory fields marked with (*). Some information we be populated from the participants account, ensure all information is correct.

Communication Preferences

Fill in your Communication Preferences:

When you are finished with the page:

1 → Click Next Step - Addresses

Vember Unique ID		Birthday
000372750		01/01/1990
Salutation		Portal Email Address
		▼ jdhebert@ualberta.ca
First Name		Sex *
JustinTest		Male 🔻
Middle Name		Gender Identity
Last Name		Cultural Background
Hebert		· · · · · · · · · · · · · · · · · · ·
		Do you identify as Aboriginal?
CONTACT INFORMATI	ION	
CONTACT INFORMATI	ION	Email Address 3
CONTACT INFORMATI	ION	Email Address 3
CONTACT INFORMATI Email Address 2 Home Phone	ION	Email Address 3
CONTACT INFORMATI Email Address 2 Home Phone	ION	Email Address 3 Mobile Phone
CONTACT INFORMATI Email Address 2 Home Phone Business Phone	ION Business Phone Ext	Email Address 3 Mobile Phone Nickname
CONTACT INFORMATI Email Address 2 Home Phone Business Phone	Business Phone Ext	Email Address 3 Mobile Phone Nickname
CONTACT INFORMATI Email Address 2 Home Phone Business Phone	Business Phone Ext	Email Address 3 Mobile Phone Nickname
CONTACT INFORMATI Email Address 2 Home Phone Business Phone	Business Phone Ext	Email Address 3 Mobile Phone Nickname
CONTACT INFORMATI Email Address 2 Home Phone Business Phone Fax	Business Phone Ext Fax Ext Fax Ext Business Phone Ext	Email Address 3 Mobile Phone Nickname
CONTACT INFORMATI Email Address 2 Home Phone Business Phone Fax COMMUNICATION & F Primary Language Preferen	Business Phone Ext Fax Ext Fax Ext Concerned	Email Address 3 Mobile Phone Nickname Twitter
CONTACT INFORMATI Email Address 2 Home Phone Business Phone Fax COMMUNICATION & F Primary Language Preferen English	Business Phone Ext Fax Ext Fax Ext BEFEFERENCES	Email Address 3 Mobile Phone Nickname Twitter
CONTACT INFORMATI Email Address 2 Home Phone Business Phone Fax Fax Primary Language Preferen English Communication Preference	Business Phone Ext Fax Ext Cere	Email Address 3 Mobile Phone Nickname Twitter LinkedIn
CONTACT INFORMATI Email Address 2 Home Phone Business Phone Fax Fax COMMUNICATION & F Primary Language Preferen English Communication Preference CONTACT ALLOWED	Business Phone Ext Fax Ext Comparison Fax Ext Comparison Fax Ext Fax	Email Address 3 Mobile Phone Nickname Twitter LinkedIn



Addresses

Step 1 \rightarrow Primary Address is required, make sure to fill in fields marked with (*).

Step 2 → One complete click on Next Step – Criminal Record Check

Street 1 *	City *
① Required field.	() Required field.
Street 2	Province / State *
	AB
Street 3	Country *
	Canada
	Postal Code *
	 Required field.

Secondary Address

Street 1	City
Street 2	Province / State
	•
Street 3	Country
	Postal Code
Previous Step - Main Information	Next Step - Criminal Record



Criminal Record Checks

Step 1 \rightarrow If you have been charged with any Criminal Offenses, please select "Yes".

Step 2 \rightarrow If you have an electronic file with the criminal check, please click on "Add" button to create a record and provide the details. You will be able to attach the document. If you do not have a criminal record check, you can proceed and the community you are enrolling to volunteer in will contact you about completing a CRC and provide instructions on how.

Member Unique ID	Full Name
000372750	JustinTest Hebert
Have you been charged with any criminal offences?	Important Information If you have a Criminal Record Check, please add a record below, otherwise, move to the next step.

CRC Completed I CRC Completed I CRC Requested I Requested I

CRIMINAL RECORD CHECK (CRC) INFORMATION

Continued on the next page.



Add a Criminal Record Check document

Before adding this record, please scan your Criminal Record check paper, and save it on your computer.

Step 1 \rightarrow Please Save the record. There is nothing to key on this page, but the record MUST be saved so that the CRC can be attached.

Step 2 \rightarrow Click on the "Add new document" button to attach a document.

Step 3 \rightarrow Click on the "**Submit**" button to save the CRC record. Note that you will not see the CRC document until you submit the page. As well, when you return to the Profile page, you may need to refresh the page to see the CRC in the list of documents.

CRC Requested			You must attach a CRC do button. When you are don the window.	cument, p ne, please	lease save the record first using the use the "Submit" button to save and	"Save" close
RC Renewal			Save C	1		
Documents						
• Add new document	2					
• Add new document Document Name	2 Document Size	:	Created On	1	Modified On	I
• Add new document Document Name No records available.	2 : Document Size	ŧ	Created On	i	Modified On	1
• Add new document Document Name No records available.	2 : Document Size	1	Created On	I	Modified On	1

document is uploaded, it will appear in the list in your Profile:

CRIMINAL RECORD CHECK INFORMATION

Criminal Record Check Information

04	Add						
	CRC Completed	:	CRC Requested	:	CRCRenewal	:	
12	2020-01-21				2023-01-21		^



Medical Information

Step 1 → Complete the medical fields that apply to you. Medications & Dietary Restrictions fields are required.

Step 2 \rightarrow If you have Medical Conditions, need to upload a Medical Form, or have Disabilities please click on the "Add" button in the grid to add this information.

Note: if your Medical Condition or Disability is not listed, select "Other", to type in the information

Step 3 \rightarrow When you are finished, click on Submit to save the information.

Step 4 → When all required information is filled out, please click Next Step - Emergency Contacts

Health Card #	Doctor's Name	
Card Issued By	Doctor's Phone	
-	•	
Land Expires On	Doctor's Phone Ext	
Dther Medical Notes	What Medications do you take and D	osages *
	ul .	
MEDICAL CONDITIONS		
O Add		
Condition	E Other Condition	1
14 4 0 F H		C
MEDICAL FORMS		
OAdd		
Name	E Date Completed	i
Name	Date Completed	i
Name	Date Completed	:
Name Name Name Name Name Name Name Name	Date Completed Date Completed Other Disability	i C
Name Name Name NAME No P H NSABILITIES Add Member Disability	Date Completed Date Completed Other Disability	i C
Name	Date Completed Date Completed Other Disability	c c
Name Name Name Name Name Name Name Name	Date Completed Date Completed Other Disability	
Name		
Name		i i c
Name		i i c
Name	Date Completed Do you have Seizures? Seizures Controlled By	
Name		
Name Name Name		
Name		
Name		
Name Name Name Name Name Name Name Name		
Name		
Name Name Name Name Name Name Name Name		
Name Name Name Name Name Name Name Name		
Name Name Name Name Name Name Name Name		



Emergency Contacts

You must submit at least one emergency contact in order to participate in Special Olympics activities.

Step 1 → Please click on the "Add" button to provide the details below

Step 2 \rightarrow When you have your emergency contacts, click on Submit to complete the process.

ME M	Y PROFI	LE							
ofile	Add	resses Medical In	fo Emergency C	ontacts	Training	Participant Pro	file	Volunceer Pr	ofile
04	dd (1							
04	dd	1 First Name	Last Name	Relatio	onship [Primary Pho	1	Mobile Phone	1
0 A [2]	dd o	1 First Name : Chris	Last Name Doe	Relatio	onship [Primary Pho	1	Mobile Phone	1

Step 1 → Enter the emergency contact details. Make sure you fill in the mandatory fields marked with (*), including at least the Primary Phone. There must only be one Priority "Primary" Emergency contact.

Step 2 \rightarrow Click on "Submit" button to save the emergency contact. Click add again on the previous to add another emergency contact once submitted.

Emergency Contact 1	
First Name •	Relationship *
Last Name +	Mobile Phone
Primary Phone	Secondary Phone
Primary Phone Ext	Secondary Phone Ext
Primary Email	
Prioribus	
Filolity -	



Member Training (optional)

Step 1 \rightarrow To add information about training the participant have taken, please click on the "Add" button. This is where you would provide information regarding First-aid or NCCP training.

Step 2 → Click on Submit when all Training Courses have been added.

	LE					
rofile Add	resses Medical InF	o Emergency Co	ntacts Training	Participant Profil	le Volunteer Pr	ofile
lember T	raining					
O Add	1					
	Training Co	Other Course	Certificate #	Date Compl	Renewal Date	:
						1
	E H O	items per page			No items to display	C

When add Member Training is selected

Step 1 \rightarrow Select the course from the list, and fill in the rest of the fields as applicable to that course. If you course is not listed, and you feel it is relevant, select "Other Course" from the list. The "Other Course" field will open so you can type in the name of the course.



Step 2 → Click on Submit.



Ó

ext Step - Enrollment Details

Volunteer Profile

This page will be displayed if you selected "Volunteer" when you started registering

Step 1 \rightarrow Provide additional details about your profile.

Step 2 \rightarrow Add at least two Personal References. Your application cannot be processed without references.

Step 3 \rightarrow Click on "Previous Step – Member Training" to go back and makes changes if required.

н н 0 н н

Previous step - Member Training 🤇 🤙 3

Step 4 → Click on the "Next Step – Enrollment Details" to continue and click <u>here</u> to continue

Pronte Name			Reason Joined			
Alberta2 Prov	rince					
Shirt Size			ALP Mentor?		1	
		•	Yes		-	
Volunteer Note	5		Healthcare P	rofessional?		
			💮 Yes			
			Are you an Edu	cator?		
			No			
Short Biography	1		Career Commit	ment		
			1 × 1			
Important Info You must provi	rmation de 2 references not relate REFERENCES	d to you for your applicati	on to be processed.			
Important Info You must provi PERSONAL I	mation de 2 references not relate REFERENCES	d to you for your applicati	on to be processed.			



Enrollment Details

Step 1 \rightarrow On this tab please ensure all information is accurate and it is the correct programInformation.Enrollment Details

Step 2 \rightarrow Make sure you fill out the Category / Role section.

Step 3 → Click Submit Enrollment and your local community will contact you!

Step 4 → Once submitted you can follow the same process to add a new enrollment.

mber			
ustinTest Hebert			
lunteer			
JustinTest Hebert			
apter	Region / District	Community / School	Club / School Program
50 Alberta	Region/Zone 6 - Edmonton	Edmonton	Edmonton Athletics
ogram Session		Enr	ollment Status
Edmonton Athletics - Ath	letics - 9/1/2019	In	Progress

Category *		
	•	
Required field.		

Volunteer Information

If you don't know what role you are interested in, please tell us your area of interest below. If you are registering as an event volunteer, please choose Category – Program, and Role – Event Volunteer.

Enrollment Notes

Previous Step - Program Search

Submit Enrollment



My Enrollments

By clicking on the My Enrollment tab on the menu on the right side of the webpage, you can see what programs you are actively enrolled in, and which are submitted and still awaiting processing.

Full Name				Membership Status				MY PROFILE
Justin	Test Hebert			Active				MY ENROLLMENTS
My E	nrollments							MY CLUBS AND SCHEDULE
								MY COMMITTEES
	Start Date	End Date	Role :	Status :	Club / Scho	Community	•	MY ROLES
1	2019-09-01	2020-08-31	Data Administrator	Submitted	Edmonton Athletics	Edmonton	-	MY PAYMENT INFO
C2	2020-05-08	2100-01-01	Family Admin	Active				MY BALANCE
								ADD ME AS ATHLETE
								ADD ME AS VOLUNTEER
								CHANGE PASSWORD
								LOGOUT
							-	
н	۰ ۱ ۲	H 100	items per page			1 - 2 of 2 items	Ċ	