

# SPECIAL OLYMPICS BC – VICTORIA

## 2020-21 VOLUNTEER REGISTRATION PACKAGE

This package should be used by both new and returning volunteers. Returning volunteers are **REQUIRED TO RE-REGISTER EACH YEAR**. This is **MANDATORY** for insurance and other administrative reasons.

### INSTRUCTIONS

**Step 1:** Complete the following **three** forms:

1. Volunteer / Coach Registration & Medical Form
2. Participation Waiver and Promotional Media Opt-Out Form
3. Volunteer Code of Conduct

The forms may be completed on a computer or other device, or may be printed and completed by hand.

**Step 2:** Send the completed forms to the Volunteer Registrar in one of the following ways:

**By email:** save the completed electronic forms or scan a paper copy and email the package to: [volunteerregistrar@gmail.com](mailto:volunteerregistrar@gmail.com).

**By fax:** fax the completed package to 250-472-8363 (no cover sheet required)

By mail: mail the completed forms to

Special Olympics Volunteer Registrar  
355 Hector Road, RR#3  
Victoria BC V9E 2C3

**VOLUNTEER / COACH REGISTRATION & MEDICAL FORM**

PROGRAM YEAR: 2020 / 2021      SOBC LOCAL: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_ BIRTH DATE (mm/dd/yy): \_\_\_\_\_

NCCP# \_\_\_\_\_ (if known)

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Volunteer: (check one)  Spouse  Sibling  Parent  Friend

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: \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Insurance Number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Seizures (If yes, please fill out the next line.)  
 Type: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
 Treatment Plan if applicable (attach additional sheet if required):  
 \_\_\_\_\_

Please identify any additional medical conditions (ie. Heart, Diabetes, Asthma etc.)  
 \_\_\_\_\_

**ALLERGIES: (Please list)**

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Drugs: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Other: \_\_\_\_\_

Have you ever experienced an anaphylactic reaction?  Yes  No    Do you carry an EpiPen?  Yes  No  
 Tetanus up to date: Yes  No     Date last given: \_\_\_\_\_

**MEDICATION: (please updated if needed prior to any trips)**

Name & dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_  
 Name & dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

If more space is needed, please complete on a separate sheet

NAME: \_\_\_\_\_ SOBC LOCAL: \_\_\_\_\_

<b>VOLUNTEER POSITIONS WOULD LIKE TO REGISTER FOR</b>	<b>Sports</b>	<b>Head Coach</b>	<b>Assistant Coach</b>	<b>Program Volunteer</b>	<b>Administration Roles</b>	<b>X</b>
	Active Start				<b>Executive</b>	
	Athletics (T&F)				Community (Local) Coordinator	<input type="checkbox"/>
	Basketball				Program Coordinator	<input type="checkbox"/>
	Bocce				Volunteer Coordinator	<input type="checkbox"/>
	Bowling, 10-Pin				Fundraising Coordinator	<input type="checkbox"/>
	Bowling, 5-Pin				Treasurer	<input type="checkbox"/>
	Club Fit				Secretary	<input type="checkbox"/>
	Curling				PR Coordinator	<input type="checkbox"/>
	Floor Hockey				Family Coordinator	<input type="checkbox"/>
	FUNDamentals				Athlete Coordinator	<input type="checkbox"/>
	Golf				Other	<input type="checkbox"/>
	Powerlifting				<b>Subcommittee</b>	
	Rhythmic Gym.				Program Committee (Assistant)	<input type="checkbox"/>
	Skating, Figure				Volunteer Committee (Assistant)	<input type="checkbox"/>
	Skating, Speed				Fundraising Committee (Assistant)	<input type="checkbox"/>
	Skiing, Alpine				PR Committee (Assistant)	<input type="checkbox"/>
	Skiing, Cross- Country				Family Committee (Assistant)	<input type="checkbox"/>
	Snowshoeing				General Volunteer	<input type="checkbox"/>
	Soccer					
Softball						
Swimming						

By checking this box  I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information as required.

**Volunteer Signature:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian name and signature required if Volunteer is under 19 yrs:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If filling in, and submitting, this form online you may type your name in the signature line

**New volunteers only** – Please provide two references that SOBC-Victoria may contact. **References must not be related to you.**

Reference 1 – Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Reference 2 – Name: \_\_\_\_\_ Tel: \_\_\_\_\_

To avoid delay in processing your application, please ask references to promptly return calls from the reference checker.

**Special Olympics British Columbia**

the “Organization”

**PARTICIPATION WAIVER AND PROMOTIONAL MEDIA OPT-OUT FORM**

**What this form is**

This form is the agreement between you and Special Olympics needed when you participate in Special Olympics programs and activities as an athlete or volunteer. It contains:

1. Important terms to ensure the safety and well-being of all participants, and to protect Special Olympics.
2. The opportunity for you to opt out of allowing Special Olympics to use promotional media.

In this document, “Special Olympics” refers to Special Olympics Canada, to the provincial and territorial chapters of Special Olympics in Canada, to Special Olympics International, and to all the agents, employees, and volunteers of each of these organizations.

**Please check the appropriate box:**

I \_\_\_\_\_ (first name, last name)  
am the age of majority in my province or territory. I am registering as a Special Olympics athlete and signing this waiver on my own behalf.

I \_\_\_\_\_ (first name, last name)  
am the age of majority in my province or territory. I am registering as a Special Olympics volunteer and signing this waiver on my own behalf.

I am the parent or legal guardian of \_\_\_\_\_  
(first name, last name), an athlete or volunteer (please check the appropriate role) who is under the age of majority or who is not capable of giving legal consent on their own. I am signing this waiver on behalf of the person named above.

**What you need to do before you sign this form**

Before you sign this form, please carefully read **all** of the following terms and conditions. If you have any questions about what any of the terms and conditions mean, please ask the staff at the registration desk (for in-person registration) or contact us at [registration@specialolympics.bc.ca](mailto:registration@specialolympics.bc.ca)

This form must be completed and signed by a person who has legal capacity to consent, or by the parent or guardian of a person under the age of majority or who otherwise does not have the capacity to provide legal consent on their own.

## PART 1: HEALTH AND SAFETY

### Terms and conditions for ALL athletes and volunteers

- (1) I understand that Special Olympics activities involve health and safety risks, and that Special Olympics, its coaches, volunteers, venues, staff, and agents cannot reasonably remove these risks. By signing this form, I agree to accept all risks associated with being present at or participating in Special Olympics activities. I also state and understand that Special Olympics relies on my statement that the person named on this participation waiver is physically and mentally fit to participate in all activities in which they are registered.
- (2) I agree that the person named on this participation waiver is required to follow the Special Olympics Code of Conduct at all times. I also agree that Special Olympics has the ongoing right to revise the Code of Conduct, and that the athlete/volunteer is bound by the most up-to-date version of the Code. I also understand that the Code of Conduct applies everywhere that Special Olympics programs and activities are taking place, including where an athlete/volunteer is a spectator and when travelling to and from events.
- (3) Has the athlete/volunteer named on this participation waiver:
  - (a) ever been convicted of any criminal offence (including as a youth under the Youth Criminal Justice Act);
  - (b) ever been convicted of any offence under the laws of another country that would be a criminal offence in Canada;\*
  - (c) ever been charged with a criminal offence (unless those charges ended with acquittal or an absolute discharge)?\*

**Please confirm:** Yes  No  **Name:** \_\_\_\_\_

*(first name, last name)*

**[\*IMPORTANT: If you answered yes to any of the statement,** please contact SOBC Vice President, Sport, Lois McNary to discuss the individual situation after you sign this form. An individual's participation will depend on the specific terms of the case. Contact Lois McNary via email at [lmcnary@specialolympics.bc.ca](mailto:lmcnary@specialolympics.bc.ca) or cell at 604-616-1341.

- (4) I agree that I will inform Special Olympics right away if the athlete/volunteer named on this participation waiver is charged with any criminal offence, and that Special Olympics may request a criminal background check of the athlete/volunteer at any time. I also agree and that if the athlete/volunteer has a criminal record or pending criminal charges against them, Special Olympics may suspend or remove them from participation, whether or not the charges are in any way connected with Special Olympics.
- (5) I agree that Special Olympics may accept or not accept the registration of new athletes and volunteers for any reason. I also agree that Special Olympics may suspend or remove

anyone registered in Special Olympics activities or programs for any reason. This includes any conduct that, in the opinion of Special Olympics, poses a risk to the comfort or safety of the person themselves or for others. I further agree that Special Olympics has the right to remove anyone (including parents and spectators) from Special Olympics venues for any of the following reasons:

- (a) In the opinion of Special Olympics, the person has breached the Code of Conduct.
  - (b) The safety of the person or other participants is at risk.
  - (c) The person has failed to follow the principles of fair play and respect for all athletes, coaches, and volunteers.
- (6) I authorize Special Olympics to arrange for medical and hospital treatment and to take any action advised by a licensed medical professional for the emergency care and treatment of the athlete/volunteer if the emergency contact person designated in the person's application is unable to provide consent in a timely manner.
- (7) By signing this Participation Waiver, either for myself as an athlete or volunteer, or as the legal guardian on behalf of an athlete or volunteer, I agree:
- (a) That I release Special Olympics from all legal liability associated with attending or participating in all Special Olympics activities to the maximum allowed by law. This release extends to the agents, staff, directors and officers, coaches, athletes, sponsors host, venues and other participants of Special Olympics (called the "Special Olympics Parties").
  - (b) That this release is made for the person signing this form, the athlete or volunteer, and all their heirs, dependants, and estates (called the "Participant").
  - (c) That I give up the right of the Participant to make any claim of any description against the Special Olympics Parties including any claim for damages of any kind associated with the athlete/volunteer participating in Special Olympics activities.
- (8) I confirm that I understand and accept full responsibility for the risks and dangers that are inherent in participating in Special Olympic events. These include, but are not limited to, the potential of the following:
- (a) Bodily injury or illness (including contracting COVID-19).
  - (b) Exposure to or infection with COVID-19 or other communicable illnesses by being close to or in contact with individuals, surfaces, equipment, fixtures, or other objects that may be infected.

I agree that I give up the right of the Participant, to the maximum extent permitted by law, to make any claim against the Special Olympics Parties relating to any illness or injury. I also agree that the Special Olympics Parties will have no liability relating to any illness or injury suffered by the Participant.

## Additional terms and conditions for volunteers concerning privacy policy

- (9) I acknowledge that I, as a volunteer, may have access to the confidential personal information of others while carrying out volunteer duties. I agree to regularly review and stay up-to-date on the latest version of the Privacy Policy of Special Olympics available [here](#), and will follow that policy at all times when handling personal information. I agree that breaching the Privacy Policy is grounds for my immediate removal as a volunteer.

## PART 2: PROMOTIONAL MEDIA OPT-OUT

### What is promotional media?

Special Olympics creates promotional media, which includes getting photographs, videos, interviews, and images of program and event participants. Special Olympics shares these images and stories with the public to help the public learn more about the Special Olympics movement, to gain support from sponsors and others, and to help them grow the Special Olympics movement and to keep it thriving.

### What does it mean to opt out?

By participating in Special Olympics events, you are giving permission to Special Olympics to include you in promotional media as they see fit. This includes using your picture, words or voice (or those of the person for whom you are signing as parent or guardian).

**If you do not wish Special Olympics to use your picture, words or voice in promotional media, you may opt out** by checking the box and signing below. If you opt out, you (or the athlete or volunteer for whom you are signing as parent or guardian) may still participate in Special Olympics.

**NOTE:** Special Olympics promises to make every effort to ensure that you, or the athlete/volunteer for whom you are signing, are not included in promotional media. Special Olympics may not be able to prevent other media and people from making and using images of athletes or volunteers at our events.

**Only complete this section if you do NOT want to allow Special Olympics to use your picture, words or voice in any promotional media. If opting out, please check the appropriate box and sign below.**

I do not want Special Olympics to use my picture, words or voice in promotional media.

I am the parent or legal guardian of \_\_\_\_\_ (*first name, last name*). I do not want Special Olympics to use their picture, words or voice in promotional media.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **PART 3: SIGNATURE**

**This is a legal document and by signing it you are giving up any right you have to make any claims against Special Olympics. You are also acknowledging that you will abide by all of the Organization's policies and procedures as posted on their website. If you are signing as a guardian for someone else, you are giving up that person's right to make any claims against Special Olympics. You are also acknowledging that the athlete/volunteer will abide by all of the Organization's policies and procedures. Please check the appropriate box and sign below.**

[ ] I am an athlete or volunteer. I confirm that I understand and agree to the terms and conditions in this Participation Waiver.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_

[ ] I am a parent or guardian providing consent on behalf of the athlete or volunteer named on this participation waiver. I confirm that I understand and have explained the terms and conditions in this form to the athlete/volunteer and agree on their behalf to the conditions stated above. I also confirm that I have legal authority to sign this document on behalf of the person listed on this form. I understand that Special Olympics is relying on my statement to be true that I have the legal authority as guardian or parent, and I agree to provide the organization with any document to confirm this authority if they request it. I also agree to indemnify and protect the organization from any harm or cost if I have signed this Participation Waiver form without legal authority to do so.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_





## **Special Olympics BC – Victoria Volunteer Code of Conduct**

Special Olympics BC volunteers make it possible for athletes to benefit from quality sport training and challenging sport competition in a safe and positive environment. As a volunteer, you accomplish this by allowing the athletes the opportunity to interact with caring individuals, observe mature behaviour, and learn responsibility from your positive example. As a volunteer, you are expected to:

Fulfill the Responsibilities and Expectations of your Assignment:

- carry out all aspects of your assignment
- take the initiative to become aware of the responsibilities of your assigned position
- follow the policies and procedures of Special Olympics BC
- do not bring pets or children to the sport as they distract the athletes and may prevent you from focusing on your coaching responsibilities

Set an Example for the Athletes:

- refrain from drinking alcohol or using profanity in the presence of athletes
- avoid any behaviour which may be misunderstood or misinterpreted by athletes
- maintain your self-control at all times
- treat everyone fairly within the context of their activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief, or economic status
- be helpful to and supportive of everyone associated with Special Olympics

Demonstrate Good Sportsmanship and Cooperation:

- Consistently focus on the Athlete and the Special Olympics Mission
- Respect the rules and support the decisions of all sports officials and committees
- Follow proper protest protocols
- Be respectful during ceremonies and help your athletes be the same
- Praise the athletes for their efforts and encourage them to celebrate the success of others
- Direct comments or criticism at the performance rather than the athlete
- Support and encourage other volunteers and staff

Dress appropriately as a sport coach for all regular training sessions and competitions:

- Dress in athletic clothing including athletic footwear
- Wear your red Special Olympics coach T-shirt or other Special Olympics clothing
- Do not wear jewellery or jeans

You are also expected to be familiar with the [Special Olympics BC Code of Conduct](#). (If you are viewing a print version of this document, please find the Code of Conduct in the Policies section of the SOBC website [www.specialolympics.bc.ca](http://www.specialolympics.bc.ca).)

**(tick this box)**

\_\_\_\_\_  
 Volunteer Name

\_\_\_\_\_  
 Date

I have read and understood the Special Olympics BC – Victoria Volunteer Code of Conduct. By typing my name I agree to follow these guidelines throughout my volunteer assignment. I understand that any breach of this Code will result in disciplinary action.