



**VOLUNTEER REGISTRATION FORM**

<b>Please Check One:</b> Register New Volunteer <input type="checkbox"/>	Add Volunteer to Club <input type="checkbox"/>	Change Volunteer Personal Info <input type="checkbox"/>	Remove Volunteer from Club <input type="checkbox"/>
(Complete Sections 1, 2, 3 and 4)	(Complete Sections 1-2)	(Complete Section 1)	(Complete Section 1-2)

If changing volunteer info, adding or deleting volunteer to/from a club, PLEASE indicate volunteer registration No: \_\_\_\_\_

**1. Personal Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Apt / Unit # \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province **ONTARIO** Postal Code \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address (primary) \_\_\_\_\_

E-mail Address (secondary) \_\_\_\_\_

Spoken Language(s):  English  French Other \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth (MM/DD/YY)

Gender: M  F

**2. Activity Profile** \*must be filled out by a Special Olympics Ontario volunteer

Please indicate the sport specific and/or athletic club, the name of the club/council in which you are involved and your volunteer position code number.

Region \_\_\_\_\_ Community: \_\_\_\_\_

Club #	Sport	Club/ Community Council	Coach/ Vol. Position

*Please turn over to complete form*



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**3. Release**

Please be advised that you must be 14 years of age or older to be a volunteer with Special Olympics Ontario. If you are a **new** volunteer (**over 18 years of age**) an original copy of Police Check must accompany this registration form to the Provincial Office. Before sending your Original Police check to SOO, make a copy of it for your future use, SOO will not send a copy of it on your request once it is filed.

First Aid  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 First Aid Date Certified (MM/DD/YY)      First Aid Expiry Date (MM/DD/YY)

CPR  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 CPR Date Certified (MM/DD/YY)      CPR Expiry Date (MM/DD/YY)

NCCP  \_\_\_\_\_  
 NCCP Number \*please attach NCCP transcript if available

\* I, the undersigned coach, volunteer, official, parent, or administrator hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. \*As a participating Volunteer, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words, in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising, communicating, and in appealing for funds to support such activities of Special Olympics Canada Inc. and in appealing for funds to support such activities. \* I agree to abide by the Special Olympics Canada Inc. rules, policies and procedures and Code of Conduct. \* The information that I have provided may be verified, and I give permission to Special Olympics Ontario Inc. to make inquiries of others which may include a background investigation to determine my suitability to act as a Special Olympics Ontario Inc. Volunteer. \* As a participating Volunteer, I may be dealing with confidential information and I agree to keep such information in the strictest confidence. \* The relationship between Special Olympics Ontario Inc. and volunteers in an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics Ontario Inc. \* Any and all references to Special Olympics Canada Inc. include and apply to Special Olympics Ontario Inc.

\* I affirm that I have read the above and that the information I have given is true and complete.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
 Parent /Guardian's if applicant is under 18 \_\_\_\_\_

**4. Reference Checks**

1. \_\_\_\_\_ ( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of Reference      Phone Number of reference      Date Contacted (MM/DD/YY)

2. \_\_\_\_\_ ( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of Reference      Phone Number of reference      Date Contacted (MM/DD/YY)

This is to verify that I, the undersigned **Community Representative (i.e. Community Coordinator, Registration Coordinator, Head Coach, Club Manager or District Developer)** have contacted the above two references and conducted reference checks as outlined in the Sport Club Manual

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_  
 Date (MM/DD/YY)      Print Name      Signature

<b>How did you hear about Special Olympics Ontario?</b>		<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Media/Advertisement
<input type="checkbox"/> School	<input type="checkbox"/> Athletes	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Volunteer Centre
<input type="checkbox"/> Website	Other: _____		