



VOLUNTEER REGISTRATION FORM

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

Address _____ Apt / Unit # _____

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 (MM/DD/YY) *optional 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
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Club #	Sport	Club/Community Council	Coach/ Vol. Position
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Please turn over to complete form



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3. Release

If you are a new volunteer (over 18 years of age), an original copy of a **Consent to Disclose Personal Information (Police Check) waiver must accompany this registration form to the Provincial Office**

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

How did you hear about Special Olympics Ontario?						<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: _____		