



SHORT TERM VOLUNTEER REGISTRATION FORM

(*) Indicates Mandatory Fields

Special Olympics District/Community: _____ *

General Information – Please Print Clearly

Member Since: _____ Gender: Male Female * Honorary Life Member

Name: _____ *
First Last

Address: _____ *

City/Town: _____ * Province: _____ * Postal Code: _____ *

Home Phone: _____ * Mobile Phone: _____

E-Mail: _____

Birth Date (MM-DD-YYYY): _____ * Health Card Number: _____

How did you find out about Special Olympics? Please help us for reporting and recruitment purposes.
Select ALL that apply:

- | | |
|---|--|
| <input type="radio"/> Invited to attend a program and/or Word of Mouth | <input type="radio"/> Representation at Tradeshows and Fairs |
| <input type="radio"/> Website and/or Social Media (<i>Facebook, Twitter</i>) | <input type="radio"/> School Programs and/or other Clubs |
| <input type="radio"/> Mainstream Media (<i>Advertisements, Newspaper, TV</i>) | <input type="radio"/> Other: _____ |

Volunteer Profile

Program Responsibilities

Please indicate, if any, the sport which the volunteer will be participating in.

1. Sport: _____ Division/Team Name: _____

2. Sport: _____ Division/Team Name: _____

3. Sport: _____ Division/Team Name: _____

OR

Other Duties as Assigned: Position/Title: _____

(Ex: Fundraising Committee Member)

Availability

Length of Commitment: _____

Day(s) a week: *Please select all that apply*

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer Training and Development Information

First Aid & CPR

Valid First Aid: Yes No

Valid CPR: Yes No

Coaching Certification

Please indicate, if any, the highest level of training and development attained in each area

Coaches Association of Canada Identification number (NCCP): _____

SPORT	Certification Type	Level	Date Attained

Medical

Please indicate any special dietary or medical needs/concerns, and **EMERGENCY CONTACT INFORMATION:**

VOLUNTEER WAIVER:

CODE OF CONDUCT

Special Olympics members are ambassadors of the organization starting from the time they become a registered member of the organization in any capacity. Members of SOS are expected to promote pride and goodwill for the organization through their behaviour and attitude. I agree to provide an environment in which all individuals are treated with respect. I agree to abide by the SOS Code of Conduct upon completion of this registration, and failure to follow the Code of Conduct will result in disciplinary actions as stated in the SOS Code of Conduct. I agree to comply with the Code of Conduct and all of its components laid out in the SOS Policy Manual.

PRIVACY POLICY

Special Olympics Saskatchewan (SOS) will protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to provide services and to keep you informed and up to date on the activities of SOS, including programs, services, special events, funding requirements and media. I, the undersigned volunteer, parent and/or legal guardian of the above named volunteer, warrant you that I am eligible to participate with SOS. I acknowledge that facilities used for SOS programs will be done so at the user's own risk and I, hereby release, discharge and indemnify SOS/Special Olympics Canada (SOC) from all liability for injury to person or damage to property of myself. In signing below, I am specifically granting permission to you to use my likeness, voice and words in television, radio, films, newspaper, magazine and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of SOS/SOC, and in appealing for funds to support such activities. I authorize SOS to act in my best interest to ensure that necessary care and treatment is provided in case of an emergency. All of the above information I have given in support of this registration is true and accurate to the best of my knowledge. I understand that any and all references to SOS/SOC include and apply equally to SOS accredited zones/communities, as well as to the Provincial and Territorial Chapters of SOC.

OATH OF CONFIDENTIALITY

As a registered member of Special Olympics Saskatchewan (SOS), I hereby consent that I will not disclose any personal information that I may have access to, other than for the purposes of conducting the business of SOS/Special Olympics Canada.

Individuals under the age of 18 must have a parent or guardian sign this release.

Signature

Date

NOTE TO STUDENTS:

If you are submitting a report and/or providing a writing sample in relation to your experience and/or class requirement(s), please respect the confidentiality of our athletes' identities and only use first names as necessary.