



(\* 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: \_\_\_\_\_

Aboriginal Heritage: (Information used for Indigenous Games)  Yes  No

## 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

### Administrative Responsibilities

Please indicate, if any, the administrative position(s) which the volunteer will be responsible for:

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> Manager/Chair       | <input type="radio"/> Treasurer          | <input type="radio"/> Public Relations     | <input type="radio"/> Sport Technical Advisor   |
| <input type="radio"/> Program Coordinator | <input type="radio"/> Secretary          | <input type="radio"/> Occasional Volunteer | <input type="radio"/> <b>SOS Youth Programs</b> |
| <input type="radio"/> Community Registrar | <input type="radio"/> Fundraising Coord. | <input type="radio"/> Official             |   |

### Program Responsibilities

Please indicate if any, the sport which the volunteer will be participating and select the position(s) that will be held:

1. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- |                                  |                                       |   |                                    |
|----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="radio"/> Head Coach | <input type="radio"/> Assistant Coach | <input type="radio"/> Program Volunteer | <input type="radio"/> Team Manager |
|----------------------------------|---------------------------------------|---|------------------------------------|

2. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- |                                  |                                       |   |                                    |
|----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="radio"/> Head Coach | <input type="radio"/> Assistant Coach | <input type="radio"/> Program Volunteer | <input type="radio"/> Team Manager |
|----------------------------------|---------------------------------------|---|------------------------------------|

3. Sport: \_\_\_\_\_ Division/Team Name: \_\_\_\_\_

- |                                  |                                       |   |                                    |
|----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="radio"/> Head Coach | <input type="radio"/> Assistant Coach | <input type="radio"/> Program Volunteer | <input type="radio"/> Team Manager |
|----------------------------------|---------------------------------------|---|------------------------------------|

## Safe Sport

NEW Volunteers – Submitted Criminal Record Check (**including Vulnerable Sector Check**) with Registration Form:

Yes  No

Returning Volunteers – Criminal Record Check (**including Vulnerable Sector Check**) on File: Yes  No

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## Volunteer Training and Development Information

### First Aid & CPR

Valid First Aid: Yes  No  Scheduled Date of Renewal (MM/DD/YYYY): \_\_\_\_\_

Valid CPR: Yes  No  Scheduled Date of Renewal (MM/DD/YYYY): \_\_\_\_\_

### 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

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## Medical

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

## Volunteer Waiver

### 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.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

- Please do not disclose my contact information to Special Olympics registered members and/or affiliates for the purposes of Special Olympics programming (see Special Olympics Saskatchewan Privacy Policy)