Special Olympics Ontario Kitchener-Waterloo

Ontario Special Olympics – providing sport training and competition for individuals with an intellectual disability.

VOLUNTEER REGISTRATION FORM

Please Check One: ☐ Register New Volunteer (Complete Sections 1-3) ☐ Add Volunteer to Club (Complete Section 1-2) ☐ Change Volunteer Personal Info (Complete Section 1) ☐ Remove Volunteer from Club (Complete Section 1-2)

If changing Volunteer Info, adding or deleting Volunteer to/from a Club, please indicate Registration #: _____

PLEASE USE CAPITAL LETTERS. THANK YOU.

1. PERSONAL INFORMATION

Please print applicable information in the boxes below. Abbreviate if necessary to fit the number of boxes given.

LAST NAME | FIRST NAME | SEX(✓) M ☐ F ☐

ADDRESS | APT #

CITY | PROV O N | POSTAL CODE

HOME PHONE | WORK PHONE

FAX | **BIRTH DATE** month / day / year

EMAIL ADDRESS

2. ACTIVITY PROFILE- please fill in 'Club' with the Sport name

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.

Club #	Sport	Club or Community Council Name	Coach Position	Vol. Position	Region
					0 2
					0 2
					0 2

If you are registering a new volunteer(over 16 years of age), a Consent to Disclose Personal Information (Police Check) waiver must accompany this registration form to the Provincial Office.

3. RELEASE

* 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 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 an 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 is 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 equally 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: _____ **Signature:** _____

4. REFERENCE CHECKS

1. _____ (Name of Reference) _____ (Phone Number of Reference) _____ (Date Reference Contacted)

2. _____ (Name of Reference) _____ (Phone Number of Reference) _____ (Date Reference Contacted)

This is to verify that I, the undersigned Head Coach or Club Manager, have contacted the above two reference and conducted reference checks as outlined in the Sport Club Manual.

Head Coach or Club Manager Name (Please print) _____ Head Coach or Club Manager Signature _____

☐ **Are you related to an athlete? Please give athlete's name and your relation to the athlete.**

☐ **Delete Volunteer from Database – please give reason:**

Return this form to:
Special Olympics Ontario Kitchener-Waterloo
P.O. Box 40107, Waterloo Square
75 King Street South, Waterloo ON N2J 4V1
or call (519) 578-3113