



Special Olympics District/Community: \_\_\_\_\_ \*

## General Information

Member Since: \_\_\_\_\_

Name: \_\_\_\_\_ \* Gender: Male  Female  \*  
Last First

Address: \_\_\_\_\_ \*

City/Town: \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_ \*

Home Phone: \_\_\_\_\_ \* Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

\* These fields are mandatory

## Volunteer Profile

### Administrative Responsibilities

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> District/Comm. Manager     | <input type="checkbox"/> Program Coordinator          | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> District/Comm. Coordinator | <input type="checkbox"/> Community Registrar          | <input type="checkbox"/> Occasional Volunteer  |
| <input type="checkbox"/> Treasurer                  | <input type="checkbox"/> Fundraising Coordinator      | <input type="checkbox"/> Honourary Life Member |
| <input type="checkbox"/> Secretary                  | <input type="checkbox"/> Public Relations Coordinator |  |

Other: \_\_\_\_\_

### Program Responsibilities

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

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Manager  | <input type="checkbox"/> Sport Technical Advisor        |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Official | <input type="checkbox"/> Program Volunteer Sport: _____ |
| Other: _____                             |                                   |   |
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Manager  | <input type="checkbox"/> Sport Technical Advisor        |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Official | <input type="checkbox"/> Program Volunteer Sport: _____ |
| Other: _____                             |                                   |   |
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Manager  | <input type="checkbox"/> Sport Technical Advisor        |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Official | <input type="checkbox"/> Program Volunteer Sport: _____ |
| Other: _____                             |                                   |   |
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Manager  | <input type="checkbox"/> Sport Technical Advisor        |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Official | <input type="checkbox"/> Program Volunteer Sport: _____ |
| Other: _____                             |                                   |   |

## Safe Sport

Criminal Record Check on File: Yes  No

For Administrative Purposes:

Date Completed: \_\_\_\_\_

Date of Renewal: \_\_\_\_\_

## Volunteer Training and Development Information

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

Coaches Association of Canada Identification number: \_\_\_\_\_

NCCP Theory Level: \_\_\_\_\_

Date Attained: \_\_\_\_\_

**Sport**

**Certification Type**

**Level**

**Date Attained**

Sport	Certification Type	Level	Date Attained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Valid First Aid: Yes  No

CPR: Yes  No

## 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)