



Ontario Special Olympics – providing sport training and competition for individuals with a 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 volunteer 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.

NAME - LAST NAME FIRST SEX(✓)
M F

ADDRESS APT #

CITY PROV POSTAL CODE

HOME PHONE WORK PHONE

FAX BIRTH DATE

EMAIL ADDRESS month day year

2. ACTIVITY PROFILE

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 or Admin# | Club or Community Council Name | Position # | Region |
|----------------------|----------------------|--------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you are registering a new volunteer, 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 Canadian Special Olympics Inc. from all liability for injury to person or damage to property of myself. * As a participating Volunteer, I am specifically granting permission to Canadian Special Olympics 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 Canadian Special Olympics Inc. and in appealing for funds to support such activities. * I agree to abide by the Canadian Special Olympics Inc. rules, policies and procedures and Code of Behavior. * The information I have provided may be verified, and I give permission to Ontario Special Olympics Inc. to make inquiries of others which may include a background investigation to determine my suitability to act as an Ontario Special Olympics 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 Ontario Special Olympics Inc. and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Ontario Special Olympics Inc. * Any and all references to Canadian Special Olympics Inc. include and apply equally to Ontario Special Olympics 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: