REGISTRATION PACKAGE FOR NEW VOLUNTEERS

Forms are also available at:

http://www.victoriaspecialolympics.com/

If you are a **new** volunteer with Victoria Special Olympics please do the following:

Step 1: Registration – print and complete the following **three** forms:

- 1. Provincial Registration Form (Special Olympics BC Volunteer/Coach Registration)
- 2. Victoria Registration Form (Special Olympics BC Victoria; Volunteer Registration)
- 3. BC Special Olympics Volunteer Code of Conduct

Send completed forms to the Volunteer Registrar at:

Confidential Fax #: 250-472-8171 (no cover sheet needed) OR

Scan and email to: volunteerregistrar@gmail.com OR

Mail to: Special Olympics Volunteer Registrar

355 Hector Road, RR#3 Victoria BC V9E 2C3

Step 2: Criminal Records Check and Vulnerable Sector Screening

Special Olympics has its criminal records check done **online** through the Ministry of Justice screening program. Do not go to your local police station to get a criminal records check.

After you have submitted the registration forms in Step 1, you will receive an email from the Volunteer Registrar with instructions for completing the online request for a criminal record check.

SPECIAL OLYMPICS BRITISH COLUMBIA **VOLUNTEER/COACH REGISTRATION FORM** DATE SOBC LOCAL MIDDLE NAME FIRST **LAST** NAME NAME /INITIAL Address MAILING Citv Province Postal Code ADDRESS AND Home Fax # Home Phone # CONTACT INFORMATION Cell Phone # E-mail Address Name Relationship **EMERGENCY** CONTACT Day Phone # Evening Phone # INFORMATION Month Day FIRST DATE OF Year GENDER ☐ Male \square Female \square Yes \square No NATIONS **B**IRTH CARE CARD# If yes, please give athlete's name and relationship. RELATED TO NCCP# AN ATHLETE Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? CRIMINAL Yes \square RECORD No 🗆 If yes, please indicate the nature of the offence: Head Assistant **Program Sports Administration Roles** X Volunteer Coach Coach Active Start Executive Athletics (T&F) Community (Local) Coordinator Athletic Club Program Coordinator Basketball Volunteer Coordinator Bocce **Fundraising Coordinator** Bowling, 10-Pin Treasurer Bowling, 5-Pin Secretary Curling PR Coordinator Family Coordinator **CURRENT** Floor Hockey VOLUNTEER **FUNdamentals** Athlete Coordinator **POSITIONS** Golf Other Powerlifting Rhythmic Gym. Subcommittee Skating, Figure Program Committee (Assistant) Skating, Speed Volunteer Committee (Assistant) Skiing, Alpine Fundraising Committee (Assistant) Skiing, Cross-Country PR Committee (Assistant) Snowshoeing Family Committee (Assistant) Soccer Softball General Volunteer Swimming SEE REVERSE SIDE

SPECIAL OLYMPICS BC VOLUNTEER/COACH REGISTRATION FORM, PAGE 2					
FIRST NAME		LAST NAME			
Provincial Privacy Policy Special Olympics BC adheres to all legislative requirements with respect to protecting your personal information. We will not rent, sell, or trade your personal information. Information provided will be used for communication purposes to deliver programs, services, special events, funding activities and more. To view the Special Olympics BC privacy policy in detail, please visit http://www.specialolympics.bc.ca/privacy.					
Provincial Waiver or Release I, the undersigned coach, volunteer, official, parent, or administrator, hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and codes of conduct. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics British Columbia Society, Special Olympics Canada Inc., and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. In participating in Special Olympics activities, I am specifically granting permission to use my likeness, voice, and words in television, radio, film, newspaper, magazine, internet, and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes or activities of Special Olympics and in appealing for funds to support such activities. The information I have provided may be verified and I give permission to the Special Olympics British Columbia Society to make inquiries of others which may include a background investigation to determine my suitability to act as a Special Olympics volunteer. As a volunteer, I may be dealing with confidential and personal information and I agree that I will keep such information in the strictest confidence. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and well-being. The relationship between the Special Olympics British Columbia Society and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or the Special Olympics British Columbia Society. Any and all references to Special Olympics include and apply equally to Special Olympics Bri					
Volunteer	Signature	Print Nai	те		
	Date				
Volunteers under the age of 19 must have parent/caregiver/legal guardian sign this release on their behalf.					
Parent/Caregiver/Guardian _	Signature		Print Name		
Parent/Caregiver/Guardian					
Last revised 06/00	Phone Number		Date		
Last revised: 06/09 Special Olympic	C S		To be completed by Local: This registration has been received and verified.		

British Columbia

SPECIAL OLYMPICS BC – VICTORIA NEW VOLUNTEER REGISTRATION – PROGRAM YEAR: 2019-20

This form is for new volunteers or volunteers who were not registered in 2018-19.

First Name:		Last Name:		Gender:	
Address:					
Postal Code:	Email:		Home Tel:_		
Cell:	Fax:		Work Tel:		
National Coaching Ce	rtification Program (NCCP	(provide only if you may be contacted at wor			
Volunteer Interest	s				
Local Committee:	(Executive and sub-com	nmittees) Specia	l Events: (e.g. tourn	aments, car wash, etc.)	
Sport Manager:	(Assisting head coach wit	h administration and coac	hing)		
Coaching: you may se		CH session – please numbe 12 and over except FUNda	mentals (ages 7 to 11)		
	Fall Session		Spring S		
Athletic Club: Wed	5 Pin Bowling: Mon	Speed Skating: Tu/Th		Softball: Tue	
Basketball: Mon	Floor Hockey: Mon	Swimming: Thu	Golf: Wed	Tball: Wed	
Curling: Thu	FUNdamentals: Tue	10 Pin Bowling: Wed	FUNdamentals: Tue	Track/Field: Mon	
Figure Skating: Sat	¬ ′ ′ ′ —	Mon	Soccer: Thu Club Fit – Performance:] ,,,,,,,	
Club Fit – Performance: _	Wed		Club Fit – Performance:	Wed	
Emergency Contact	t				
Name:	Name: Relationship:				
Daytime Tel:	Eve	ening Tel:			
Medical Informatio	on				
Medical Card #:	D	r. Name:	Dr. Tel:		
Tetanus shot year:	Glasses:	Contacts: Dentures	: Hearing Aid:	Asthma:	
Heart Cond: Al	lergies: List allergies:				
Diabetes: Diabet	tes treatment:				
Medications: Name	and Dose:	D	ose Frequency:		
Name	and Dose:	De	ose Frequency:		
References – Please	provide two references tl	hat SOBC-Victoria may cor	ntact. References must no	ot be related to you.	
Reference 1 – Name:		Tel:			
Reference 2 – Name:		Tel:			
To avoid delay in pro	cessing your application, p		omptly return calls from	the reference checker.	
X					
Signature of volunte	er	Date			



BC Special Olympics Volunteer Code of Conduct

BC Special Olympics volunteers make it possible for athletes to benefit from quality sport training and challenging sport competition in a safe and positive environment. As a volunteer, you accomplish this by allowing the athletes the opportunity to interact with caring individuals, observe mature behaviour, and learn responsibility from your positive example. As a volunteer, you are expected to:

Fulfill the Responsibilities and Expectations of your Assignment:

- carry out all aspects of your assignment
- take the initiative to become aware of the responsibilities of your assigned position
- follow the policies and procedures of BC Special Olympics
- do not bring pets or children to the sport as they distract the athletes and may prevent you from focusing on your coaching responsibilities

Set an Example for the Athletes:

- refrain from drinking alcohol or using profanity in the presence of athletes
- avoid any behaviour which may be misunderstood or misinterpreted by athletes
- maintain your self-control at all times
- treat everyone fairly within the context of their activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief, or economic status
- be helpful to and supportive of everyone associated with Special Olympics

Demonstrate Good Sportsmanship and Cooperation:

- consistently focus on the Athlete and the Special Olympics Mission
- respect the rules and support the decisions of all sports officials and committees
- follow proper protest protocols
- be respectful during ceremonies and help your athletes be the same
- praise the athletes for their efforts and encourage them to celebrate the success of others
- direct comments or criticism at the performance rather than the athlete
- support and encourage other volunteers and staff

Dress appropriately as a sport coach for all regular training sessions and competitions:

- dress in athletic clothing including athletic footwear
- wear your red Special Olympics coach t-shirt or other Special Olympics clothing
- do not wear jewellery or jeans

Volunteer Name	I have read and understood the BC Special Olympics. Volunteer Code of Conduct. By typing my name I agree to follow these guidelines throughout my volunteer assignment. I understand that any breach of this Code will result in disciplinary action.
Date	