

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

Step 2: Criminal Records Check and Vulnerable Sector Screening – complete the following letter:

1. Criminal Records Check and Vulnerable Sector Screening
 - Take the letter to the police where you live. Confirm when they are open for checks - see below.
 - Criminal record and vulnerable sector screening checks are usually free for volunteers
 - The police will give you a form to fill out, will complete the check and will give **you** the result.
 - **Mail the original results to:**

Special Olympics Victoria - Coordinator of Volunteers
355 Hector Road, RR#3
Victoria BC V9E 2C3

Saanich Police Department http://www.saanichpolice.ca 250-475-4321	Victoria Police Department http://www.vicpd.ca (250) 995-7654	Central Saanich Police Department http://www.cspolice.ca (250) 652-4444
West Shore RCMP Detachment http://bc.rcmp.ca (250) 474-2264	Oak Bay Police Department http://www.oakbaypolice.org (250) 592-2424	

SPECIAL OLYMPICS BRITISH COLUMBIA VOLUNTEER/COACH REGISTRATION FORM

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

SEE REVERSE SIDE

SPECIAL OLYMPICS BC VOLUNTEER/COACH REGISTRATION FORM, PAGE 2

FIRST NAME		LAST NAME	
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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 Inc., Special Olympics Canada Inc., and Special Olympics British Columbia Society. I understand that misrepresentation or omission of information on my part is cause for refusal or dismissal as a volunteer with Special Olympics. I affirm that I have read the above and that the information I have given is true and complete.

Criminal Record Check and Vulnerable Sector Screening

I understand that I am required to immediately inform the CEO of Special Olympics BC of any charge or conviction for a criminal offence and that I may be required to withdraw until such time as my charge is dealt with. Should I be convicted of a criminal offence, a decision will be made as to my future eligibility as a volunteer with Special Olympics BC.

Volunteer

_____	_____
<i>Signature</i>	<i>Print Name</i>

<i>Date</i>	

Volunteers under the age of 19 must have parent/caregiver/legal guardian sign this release on their behalf.

Parent/Caregiver/Guardian

_____	_____
<i>Signature</i>	<i>Print Name</i>

Parent/Caregiver/Guardian

_____	_____
<i>Phone Number</i>	<i>Date</i>

Last revised: 06/09



Special Olympics
British Columbia

<p>To be completed by Local:</p> <p>This registration has been received and verified.</p> <p align="center">_____</p> <p align="center"><i>Initials</i></p>

SPECIAL OLYMPICS BC - VICTORIA

VOLUNTEER REGISTRATION - PROGRAM YEAR: 2011 - 12

First Name: _____ Last Name: _____ Sex: _____
 Address: _____ City: _____ BC
 Postal Code: _____ Email: _____ Home Tel: _____
 Cell: _____ Fax: _____ Work Tel: _____
(list only if you may be contacted at work)
 Please tick one - New Volunteer: or Re-registration:

Volunteer Interests - tick all that apply

Local Committee: (Executive & Sub-committees) Special Events: (e.g. walk-a-thon, car wash, etc.)
 Youth Program - FUNdamentals: (coach or assist with youth age 7-11)
 Adult Program: coach or assist in one or more of the following adult sports:

Fall

Spring

Alpine Skiing: <input type="checkbox"/>	Fig Skating: <input type="checkbox"/>	Floor Hockey: <input type="checkbox"/>	Swimming: <input type="checkbox"/>	Golf: <input type="checkbox"/>	Tball: <input type="checkbox"/>
Athletic Club: <input type="checkbox"/>	5 Pin Bowl: <input type="checkbox"/>	Nordic Skiing: <input type="checkbox"/>	Snowshoe: <input type="checkbox"/>	Soccer: <input type="checkbox"/>	Track/Field: <input type="checkbox"/>
Curling: <input type="checkbox"/>	10 Pin Bowl: <input type="checkbox"/>	Rhythmic Gym: <input type="checkbox"/>	Speed Skating: <input type="checkbox"/>	Softball: <input type="checkbox"/>	

Emergency Contact

Name: _____ Relationship: _____
 Telephone - Emerg Day #: _____ Emerg Night #: _____

Medical Information

Medical card #: _____ Dr. Name: _____ Dr. Tel #: _____
 Tetanus shot YR: Glasses: Contacts: Dentures: Hearing Aid:
 Allergies : List Allergies: _____ Asthma: Heart Cond:
 Diabetic: Diabet Treatmnt: _____
 Medication Name & Dose: _____ Dose Frequency: _____
 Name2 &Dose: _____ Dose Frequency2: _____

References - NEW VOLUNTEERS ONLY (references must not be related to you)

I, the undersigned volunteer, give Special Olympics BC - Victoria permission to contact the following references:

Ref Name 1: _____ Ref 1 Tel #: _____
 Ref Name 2: _____ Ref 2 Tel #: _____

X _____
 Signature of volunteer _____ Date _____

Office use only

Reg Date: _____ Prov Reg: _____ Ref check: _____ CRC: _____ C of C: _____ 1st Reg 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

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
- do not wear jeans at the regular training sessions or during any competitions
- 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

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

(Volunteer Name – Please Print)

(Volunteer Signature)

(Date)



Special Olympics
British Columbia

_____2011

[month/day]

Re: Criminal Records Check and Vulnerable Sector Screening

Name of Volunteer: _____

Special Olympics British Columbia is a not-for-profit organization that operates year round in 55 communities across BC providing youth and adults with intellectual disabilities opportunities to enhance their lives and celebrate personal achievements through positive sport experiences. We are a grassroots-driven organization that embodies team spirit. The dedication and enthusiasm of over 2,600 volunteer coaches and administrators are invaluable to our organization’s success, and the achievements of our athletes. Our programs are athlete-centred, with an emphasis on motor skill development and physical fitness.

Victoria Special Olympics is currently reviewing the application of the prospective volunteer named above.

As part of the recruitment process all volunteers with Special Olympics are required to complete a criminal records check and vulnerable sector screening.

Please assist us completing the check and screen. Should you need any further information, please do not hesitate to contact me. Thank you very much for your time.

Sincerely
Margot Tubman
Coordinator of Volunteers
250-472-8949 (Victoria)
Specialo.mtubman@gmail.com

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