

**SPECIAL OLYMPICS ONTARIO
SINGLE EVENT VOLUNTEER REGISTRATION FORM**

Please note: Volunteers who have completed a Single Event Volunteer Registration Form
are not counted towards Special Olympic Ontario's official registration numbers



Event: _____

Date of Event: Start Date/Time: _____

End Date/Time: _____

Location: _____

1. Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt / Unit #: _____

City: _____ Province **ONTARIO** Postal Code: _____

Home Phone Number: _____ Cell/ Secondary Phone Number: _____

E-mail Address: _____

Spoken Language(s): English French Other: _____

Date of Birth (MM/DD/YY): _____ Gender: M F

Are you currently in school? YES NO
If yes, what level of school? Elementary Secondary Post Secondary

2. 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 that 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 a 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 in 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 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: _____ Applicant's Signature: _____

Parent /Guardian's if applicant is under 18: _____

Volunteer Pledge

As a volunteer for Special Olympics Ontario you will agree to and abide by the following expectations which uphold the mission and philosophy of Special Olympics Ontario.



As an event volunteer I pledge that:

- I will be respectful and act responsibly.
- I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators that are participating in the event.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics Ontario.
- I will display control, respect, dignity and professionalism to all involved including athletes, coaches, opponents, officials, administrators, parents, spectators and media.
- I will report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants
- I will not take part in the consumption of alcoholic beverages and/or controlled substances or be under the influence of alcohol and/or controlled substances during any Special Olympics events. I will not take part in smoking or chewing tobacco except in designated areas.
- I will not engage in any type of inappropriate behavior, use of profanity, sexual activity, and/or verbal or physical abuse with Special Olympics athletes, staff, officials or other volunteers.
- I will respect the talent, developmental stage and goals of each athlete.
- I will be fair, considerate and honest with athletes and communicate with athletes using plain and clear language.
- I will ensure that accurate scores are provided for entry of an athlete into any event.

I will PROTECT THE CONFIDENTIALITY of EACH PERSON

I understand that as a volunteer I may acquire personal information pertaining to Special Olympics athletes, volunteers or others. By being an event volunteer of SOO, I agree to maintain the confidentiality of all persons involved with Special Olympics and will not disclose personal information to anyone without the express written consent from the person to whom the information relates. I understand that I may disclose personal information to other Special Olympics members only if the disclosure is necessary and proper for the direct benefit of the individual and to carry out the duties of my role in Special Olympics Ontario. I agree that a breach of confidentiality shall be cause for termination as a Special Olympics event volunteer.

I hereby certify that I have reviewed, understood and agreed to this volunteer pledge

Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Event: _____