



Profile Information

Name: _____ *

First Last

Program Enrollment Information*

Coaching and Volunteer Responsibilities

Please indicate if any, the sport which the volunteer will be participating and select the position(s) that will be held:

1. Sport: _____

Head Coach Assistant Coach

Team Name: _____

Program Volunteer Team Manager

2. Sport: _____

Head Coach Assistant Coach

Team Name: _____

Program Volunteer Team Manager

3. Sport: _____

Head Coach Assistant Coach

Team Name: _____

Program Volunteer Team Manager

Operational Volunteer Responsibilities

This section is for volunteers who sit on a Community Executive Committee (CEC). Please indicate, if any, the CEC position(s) which the volunteer will be responsible for:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Manager/Chair | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Communications | <input type="checkbox"/> Athlete Coordinator |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Secretary | <input type="checkbox"/> Member at Large | <input type="checkbox"/> Group Home Rep |
| <input type="checkbox"/> Community Registrar | <input type="checkbox"/> Fundraising Coord. | <input type="checkbox"/> Athlete Representative | <input type="checkbox"/> SOS Youth Programs |

For Returning Volunteers only: (All new volunteers MUST fill out the registration form in its entirety)

Check this box if none of your profile information has changed since the last time you registered with Special Olympics.

Check this box if at least one of the fields of your profile information has changed since the last time you registered with Special Olympics.

Community: _____ Sex: Male Female X Gender Identity: _____

Birth Date (MM/DD/YYYY): _____ Portal E-Mail: _____

Honorary Life Member

Self-Declaration: Do you identify as Indigenous? Do you identify as an **Indigenous** person that is First Nations (North American Indian), Metis, or Inuk (Inuit) *Includes Status and Non-Status Individuals*

First Nations (North American Indian) Metis Inuk (Inuit) Prefer not to say No

Criminal Record Check Information

Have you been charged with any criminal offences? Yes No

Submitted Criminal Record Check (*including Vulnerable Sector Check*) with Registration Form:

- Yes (submitted along with this registration form)
- No (note: it is mandatory for all new volunteers to submit a CRC-VS to their CEC prior to volunteering)
- Criminal Record Check- with vulnerable sector check already submitted to CEC

Contact Information

Email: _____

Home Phone: _____ Mobile Phone: _____

Business Phone: _____ Primary Phone: Home Mobile Business

Communication & Preferences

Primary Language Preference: English French Contact Preference: Allowed Not Allowed

Preferred Method of Contact: Any Email Phone Mail

Primary Address

Address: _____
Province: _____

City/Town: _____
Postal Code: _____

Secondary Address

Address: _____
Province: _____

City/Town: _____
Postal Code: _____

Medical Information

Health Card Number: _____ Card Expires On (MM/DD/YYYY): _____

Province Issued By: _____ Doctor's Name: _____ Doctor's Phone: _____

Medications & Dosages: Please write 'None' or 'N/A' if you do not take any medications

Dietary Restrictions: Please write 'None' or 'N/A' if you do have any dietary restrictions

Medical Notes: Any other conditions or information that you feel a coach or ambulance attendant needs to know. Please ensure the coach is aware of any medications that the athlete is on and what medical condition it is treating.

Member Training

Respect in Sport: Yes No **Certification Number:** _____

Please Note: All volunteers (includes: coaches, program, general, and administrative volunteers) with Special Olympics Saskatchewan are required to complete the online *Respect in Sport (RiS)* course offered through *Sask Sport* within (1) year of joining Special Olympics.

Make Ethical Decisions: Yes No **Date Completed (MM/DD/YYYY):** _____

Valid First Aid: Yes No **Scheduled Date of Renewal (MM/DD/YYYY):** _____

Valid CPR: Yes No **Scheduled Date of Renewal (MM/DD/YYYY):** _____

Coaches Association of Canada Identification Number (NCCP): _____

Coaching Certification

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

SPORT	Course(s) Taken <small>(i.e., SOC Competition Sport, NCCP Sport Specific Course)</small>	Date Attained

Waiver

To complete the process of registration on a paper form, please complete and submit the following form:

Attached Participation Waiver and Promotional Media Opt in or Opt out form

The Participant Waiver, which includes the Consent to use Personal Information and Privacy Policy Confirmation, and Code of Conduct and Ethics components is MANDATORY in order to participate in Special Olympics programming. For the Promotional Media portion, participants may "Opt in" or "Opt out" of being included in promotional media relating to Special Olympics.