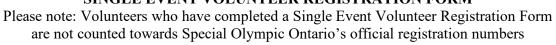
SPECIAL OLYMPICS ONTARIO SINGLE EVENT VOLUNTEER REGISTRATION FORM





| Event: | | | | |
|--|--|---|---|--|
| Date of Event: Start Time: End Time: Location: | | | | |
| 1. Personal Information | | | | |
| First Name: | _ Middle Initial: | _ Last N | lame: | |
| Address: | | , | Apt / U | Jnit #: |
| City: | _ Province ONT | TARIO Postal | Code: _ | |
| Home Phone Number: | Cell/ S | Secondary Phone | e Numbe | er: |
| E-mail Address: | | | _ | |
| Spoken Language(s): English | French | Other: | | |
| Date of Birth (MM/DD/YY): | | Gender: | M | F |
| Are you currently in school? YES If yes, what level of school? Element | | Post Secondary | y | |
| * I, the undersigned coach, volunteer, Special Olympics Canada Inc. from al *As a participating Volunteer, I am sp likeness, voice and words, in televisio heretofore described for the purpose o activities of Special Olympics Canada * I agree to abide by the Special Olympics Canada * The information that I have provided make inquiries of others which may in Special Olympics Ontario Inc. Volunt * As a participating Volunteer, I may in the strictest confidence. * The relationship between Special Ol terminated at any time without cause be * Any and all references to Special Ol * I affirm that I have read the above and Date: | I liability for injury to precifically granting perm n, radio, film, newspape f advertising, communiting. Inc. and in appealing for appies Canada Inc. rules, and may be verified, and I nelude a background inveer. The dealing with confidency of the control of th | person or damage nission to Special er, magazines are cating, and in apport of funds to suppolicies and pro- give permission yestigation to desential information described volunteers in a per Special Olymorelude and apply and the support of the s | ge to propal Olymphod other ppealing port such occdures in to Spectermine and I am "at wipics Ont to Special true and | perty of myself. pics Canada Inc. to use my media, and in any form not for funds to support such activities. and Code of Conduct. cial Olympics Ontario Inc. to my suitability to act as a agree to keep such information ill" arrangement and it may be tario Inc. al Olympics Ontario Inc. |
| 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 |
| \square I will dress and act at all times in a manner which will be appropriate to my assigned responsibilitie and a credit to myself, the athletes and Special Olympics Ontario. |
| \Box I will display control, respect, dignity and professionalism to all involved including athletes, coaches opponents, officials, administrators, parents, spectators and media. |
| \Box 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 win 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 writte consent from the person to whom the information relates. I understand that I may disclose personal information 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: |