

SPECIAL OLYMPICS ALBERTA
VOLUNTEER/COACH APPLICATION FORM

AFFILIATE: CALGARY

REGISTRATION YEAR: 2010 - 2011

LAST NAME				Numerical Identifier – Office Use Only
FIRST NAME		MIDDLE NAME OR INITIAL		COMMONLY USED NAME
HOME ADDRESS & CONTACT INFORMATION	Address			
	City		Province	Postal Code
	Home Phone No.		Cell Phone	Fax
	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth Month Day Year
	E-Mail Address			AB Health Care #
	Year Started with Special Olympics			
BUSINESS ADDRESS & PHONE NO.	Company Name or School			
	Address			
	City		Province	Postal Code
	Bus. Phone No.		Email Address	
EMERGENCY CONTACT	Name		Relationship	
	Daytime Phone number		Evening Phone number	
	Cell Phone	E-mail address		
LIST IN DIRECTORY	Yes <input type="checkbox"/> No <input type="checkbox"/>		PREFERRED METHOD OF CONTACT	Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
MAIL TO	Home <input type="checkbox"/> Business/School <input type="checkbox"/>		SPOKEN LANGUAGES	English <input type="checkbox"/> French <input type="checkbox"/> Other _____
AVAILABILITY	<input type="checkbox"/> Weekdays - Daytime <input type="checkbox"/> Weekdays - Evening <input type="checkbox"/> Weekends			
I VOLUNTEER IN THE FOLLOWING SPORT(S): (CHECK ALL THAT APPLY)	Winter Sports		Summer Sports	
	<input type="checkbox"/> Curling <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Skating – Figure <input type="checkbox"/> Skating – Speed Skating <input type="checkbox"/> Skiing - Alpine <input type="checkbox"/> Skiing – Cross Country <input type="checkbox"/> Snowshoeing		<input type="checkbox"/> 5 Pin Bowling <input type="checkbox"/> 10 Pin Bowling <input type="checkbox"/> Athletics <input type="checkbox"/> Power Lifting <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Swimming	
I AM A : (CHECK ALL THAT APPLY)			Demonstration/Other	
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Program Volunteer		<input type="checkbox"/> Active Start <input type="checkbox"/> Basketball <input type="checkbox"/> Equestrian <input type="checkbox"/> FUNdamentals <input type="checkbox"/> Fitness <input type="checkbox"/> Golf <input type="checkbox"/> Other _____	
			Corporate Volunteer	
			<input type="checkbox"/> Wolseley <input type="checkbox"/> Law Enforcement Torch Run <input type="checkbox"/> Loyalty Group/Airmiles <input type="checkbox"/> Other (describe _____)	

SEE REVERSE

COMPLETE THE FOLLOWING SECTION ONLY IF REGISTERING FOR THE FIRST TIME				
PROFILE	Why do you want to become a Special Olympics Volunteer?			
	Please indicate your volunteer experience. (Attach additional sheet if required)			
	Are you related to a Special Olympics athlete and if so, what is your relationship?			
REFERENCES (OTHER THAN FAMILY)	Name	Relationship		
	Street Name & No.		Apt. No. or R.R. No.	
	City	Province		Postal Code
	Home Phone No.	Cell/Mobile No.	E-mail Address	
	Name	Relationship		
	Street Name & No.		Apt. No. or R.R. No.	
	City	Province		Postal Code
	Home Phone No.	Cell/Mobile No.	E-mail Address	
	Name	Relationship		
	Street Name & No.		Apt. No. or R.R. No.	
	City	Province		Postal Code
	Home Phone No.	Cell/Mobile No.	E-mail Address	
<input type="checkbox"/> I give my permission for the references above to be contacted in connection with my application for a volunteer position with Special Olympics.				
OFFICE USE ONLY				
Form reviewed by: _____ Date: _____				



Release and Indemnity Agreement (Volunteers)

In consideration of accepting the registration for the undersigned coach, volunteer, official, parent or administrator ("Volunteer") to work with any one or more of the fitness, recreation, and sport programs offered by or through Special Olympics Alberta, and whether or not the Volunteer participates in any or all of the programs offered from time to time, the undersigned Volunteer and the undersigned parent or legal guardian, as the case may be, of the Volunteer ("Guardian") if the Volunteer is under 18 years of age, both in the Guardian's personal and representative capacity, hereby release and indemnify each of Special Olympics Canada Inc., Special Olympics Alberta Inc., each local affiliate of Special Olympics Alberta ("Local Affiliate"), and all of the respective directors, officers, employees, agents, coaches and volunteers of Special Olympics Canada, Special Olympics Alberta, and the Local Affiliates, both now and in the future, from any and all claims, damages, actions, or liabilities whatsoever ("Liability") related to the death of, or injury to the Volunteer which in any way relates to or arises out of the participation of the Volunteer in any or all of the fitness, recreation, or sports programs now or hereafter offered by Special Olympics Canada, Special Olympics Alberta, or any Local Affiliate (collectively called "Special Olympic Programs") except only any Liability arising from the negligence of or wilful misconduct of any of the parties released and indemnified by this agreement.

The undersigned Volunteer and Guardian acknowledge that this Release and Indemnity Agreement is of an indefinite duration and shall be effective from the date of this Agreement, whenever and for so long as the Volunteer works in any of the Special Olympic Programs until this Agreement is terminated. This Agreement may be terminated by the Volunteer or the Guardian on 30 days written notice to Special Olympics Alberta at its provincial office in Edmonton. The Volunteer and the Guardian acknowledge that working in any or all of the Special Olympic Programs shall at all times be subject to the absolute discretion and control of Special Olympics Alberta, and the authority to participate in the Special Olympic programs may be withdrawn at any time and for any reason that Special Olympics Alberta deems appropriate.

If neither the Volunteer nor the Guardian are able to be immediately consulted in the case of a medical emergency, each of the Volunteer and the Guardian authorizes Special Olympics Alberta, by its senior representative immediately available at the location of the emergency, to take such measures and arrange for such medical and hospital treatment as is deemed advisable by a licensed physician, for the emergency care and treatment of the Volunteer.

THIS RELEASE AND INDEMNITY AGREEMENT

Has been duly executed on _____, 20_____

(VOLUNTEER'S SIGNATURE)

(PARENT OR LEGAL GUARDIAN'S SIGNATURE)

(PRINT VOLUNTEER'S NAME)

(PRINT NAME AND RELATIONSHIP TO VOLUNTEER)

SPECIAL OLYMPICS CALGARY CODE OF CONDUCT

Athletes and volunteers of Special Olympics Calgary shall conduct themselves in a manner which fosters a positive, enjoyable and cooperative environment for him/herself, teammates, coaches, officials and all other participants in Special Olympic activities. All registered participants must satisfy the following conditions:

Sportsmanship

- I will practice good sportsmanship
- I will not engage in any type of inappropriate behaviour or sexual activity. I will not fight, use bad language, insult, bully or abuse and Special Olympics athlete, volunteer, officials, spectator or staff
- I will train regularly and commit to knowing and playing by the rules of my sport
- I will listen to my coaches and the officials and ask questions when I do not understand
- I will always try my best during training, divisioning and competitions
- I will not hold back in preliminaries just to get into an easier final heat

Athletes, Coaches and Volunteers MUST:

- Be on time for all program activities
- Dress appropriately
- Respect equipment and facilities
- Respect other participants, coaches, athletes and officials at all times
- Advise the head coach if unable to attend a practice or tournament
- Be an enthusiastic participant

Other Coach and Volunteer Responsibilities:

- Ensure a positive experience and provide quality service to the athletes
- Be a positive role model for athletes
- Show leadership
- Provide input through the head coach for program improvement
- Attend training and development activities
- Participate fully in all program activities

Parents, Guardians and Caregivers Responsibilities:

- Respect the rules of the sport, the coaches, officials and SOE staff
- Be a positive role model, not letting emotions interfere with the athletes' participation; de-emphasize winning and losing
- Ensure that all registration and medical forms are complete and accurate
- Pay fees in a timely manner
- Arrange for transportation to and from programs and activities
- Ensure that athletes arrive on time for programs and are picked up from the program within 15 minutes of the end of the program

The following actions and behaviours of athletes, coaches and officials will NOT be tolerated:

- Use of illegal substance and/or alcohol, or abuse of prescription medication at or prior to athlete programs, activities and functions
- Physical or verbal abuse or violent behaviour such as hitting, punching, kicking, etc.
- Bullying, use of profanity, threats or abusive language at any athlete program or activity
- Any sexual behaviours such as suggestive language, sexual contact, inappropriate displays of affection
- Disregard for facilities including their rules and regulations



CODE OF CONDUCT

Please sign and return the bottom portion of this page. Keep the top portion for your records and information I understand that this code of conduct is a general guide for my conduct and does not describe all types of good and poor behaviour. I also understand that if I do not comply with this Code of Conduct it may result in my suspension or removal from the program

Print Name and Position (Athlete or Coach)

Signature

Date

Name and Signature of Guardian/caregiver (if appropriate)

Date