

# Unified Partner

AFFILIATE: <b>Calgary</b>		Registration Year: <b>2017-2018</b>	
<b>PERSONAL INFORMATION</b>			
Last Name:		First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth <b>MONTH/ DAY/ YEAR:</b>	
Address:			
City:		Province:	Postal Code:
Home #:		Work #:	Cell #:
Email Address:			
Year STARTED with Special Olympics:			
<b>EMERGENCY CONTACT INFORMATION</b>			
Contact Name:	Relationship to Volunteer:	Best Contact #:	Other #:
<b>MEDICAL</b> Please indicate any special dietary or medical needs/concerns:			
<p><b>This information is being collected to include you on our database as a Unified Partner volunteer and to make sure that you are covered by program insurance policy</b></p>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date