Special Olympics
Manitoba

VOLUNTEER APPLICATION FORM

Personal Information

Last Name: _____ First Name: _____ Date of Birth: DD MM YY ___/___/___ **(if under the age of 18)**

Mailing Address: _____ City/Town: _____ Postal Code: _____

Email Address: _____ Phone: _____(H)_____ (W)_____(cell)

Why do you want to become a volunteer with Special Olympics Manitoba? _____

How did you hear about us? _____

Please list current skills, training, qualifications and interests: _____

Please indicate any previous volunteer experience: _____

Which volunteer positions interest you? (Please check)

- ❑ **Program Volunteer/Coach** - volunteer with a weekly program as a head coach, assistant coach, program volunteer, club ambassador, etc. (approximately 1-2 hours/week).

- ❑ **Event Volunteer** - volunteer at competitions and fund raising events (approximately 4-8 hour events).

- ❑ **Committee Volunteer** – sit on a fund raising or competition planning committee (varies according to event).

- ❑ **Regional Leadership Team Volunteer** – offer your skills and expertise to support the athletes, programs and competitions in your region (approximately 5 hours/month).

- ❑ **Office Support volunteer** – volunteer assisting with data entry, clerical duties, mail-outs, etc. (as needed).

- ❑ **Unsure** – you will receive more information on volunteer positions during the orientation/interview.

Which of the following best describes your availability?

❑ Daytime ❑ Weekday evenings ❑ Weekends

Which length of time best describes the time commitment you are prepared to make?

❑ Minimum of 3 months (unless volunteering for an event) ❑ 6 Months ❑ 1 Year +

OPTIONAL: *Please provide any information which may affect your ability to perform as a volunteer, or that you wish to be taken into consideration for your placement (i.e. knee problems, medications, disabilities.)*_____

_____

_____

_____

_____

References - <u>not required for application as an event volunteer. For all other position applications, please complete.</u>

Please provide two (2) references, ***excluding family members or personal friends*** who have knowledge of your qualifications.

Name	Relationship	Phone

I give my permission for the references above to be contacted in connection with my application for a volunteer position with Special Olympics Manitoba. I give my permission for Special Olympics Manitoba to complete a criminal record search and vulnerable sector search, if over 18 years of age. I understand that the screening process of Special Olympics Manitoba includes an application form, reference check, criminal record search and vulnerable sector search. If accepted as a volunteer, I agree to fulfill my responsibilities to the best of my ability, to abide by the Mission and Policies of SOM. Special Olympics Manitoba is not obligated to provide

placement, nor am I obligated to accept the placement offered. For those individuals under the age of 18 years, this form must be signed by a parent/guardian.

RELEASE

I certify and agree that I will follow the direction and policies of SOM with respect to the duties and responsibilities of volunteers. I will consent to whatever personal and character checks that SOM feels necessary to conduct to determine my suitability as a volunteer. I have no criminal record of any kind whatsoever, nor have I been arrested and charged with any criminal offense.

I, the undersigned hereby release, discharge and indemnify Special Olympics Manitoba Inc. from all liability for injury to person or damage to property of myself. In participating in Special Olympics activities I grant permission to use the likeness, voice and words of myself in television, radio, films, newspaper, magazine and other media and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Manitoba and in appealing for funds to support such activities.

PRIVACY POLICY

Special Olympics Manitoba (SOM) will protect your personal information and adhere to all legislative requirements with respect to your privacy. We use your personal information to provide services and keep you informed and up to date on the activities of SOM, including programs, services, special events, funding requirements, media, and opportunities to volunteer or to give.

☐ I do not permit SOM to provide and third parties my personal information. (please check)

_____ _____

_____

Applicants Signature (if 18 or older) Date

Parent/Guardian Permission

I,_____, hereby give my permission for_____ _____to

print name of parent/guardian print name of applicant

_____ _____ _____

Signature of Parent/Guardian, if under 18 Date

Please submit to the following address:

Special Olympics Manitoba
200 Main St.
Winnipeg, MB R3C 4M2

Attn: Director of Volunteer Services

Or fax to 204-925-5624