



Volunteer Application Form

Title		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Email Address					
First Name		Middle Name/Initial		Last Name					
Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth		Month _____ Day _____ Year _____			
Home Address		Street Name and No.		Apt. No. or R.R. No.					
		City		Province		Postal Code			
Do you have a NCCP # with the Coaching Association of Canada?				Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please record NCCP No. (If you do not know your No., please indicate here and the office can look it up.)									
Emergency Contact		Name		Relationship					
		Home Phone No.		Work Phone No.					
		Cell Phone No.		Email Address					
SONS Regions		<input type="checkbox"/> Halifax		<input type="checkbox"/> Dartmouth		<input type="checkbox"/> Sackville / Bedford			
		<input type="checkbox"/> Digby		<input type="checkbox"/> Clare		<input type="checkbox"/> Annapolis			
		<input type="checkbox"/> Shelburne		<input type="checkbox"/> Lunenburg Queens		<input type="checkbox"/> Cobequid			
		<input type="checkbox"/> Pictou		<input type="checkbox"/> Eastern Highlands		<input type="checkbox"/> Cape Breton			
Program Information		PLEASE INDICATE THE CAPACITY IN WHICH YOU WOULD LIKE TO VOLUNTEER (SELECT ALL THAT APPLY):							
		<input type="checkbox"/> Coach		<input type="checkbox"/> Assistant Coach		<input type="checkbox"/> Volunteer			
		<input type="checkbox"/> Sport Programs <input type="checkbox"/> Active Start & FUNdamentals <input type="checkbox"/> Regional Committee <input type="checkbox"/> Unified Sport <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Board of Directors <input type="checkbox"/> Healthy Athletes <input type="checkbox"/> Other: _____							
		SPECIAL OLYMPICS NS OFFERS THE FOLLOWING PROGRAMS. IF YOU HAVE CHECKED SPORT PROGRAM, PLEASE INDICATE WHICH PROGRAM(S) YOU WOULD BE MOST INTERESTED IN VOLUNTEERING WITH.							
		<input type="checkbox"/> Active Start		<input type="checkbox"/> FUNdamentals		<input type="checkbox"/> Multi-Sport		<input type="checkbox"/> 5-Pin Bowling	
		<input type="checkbox"/> Athletics		<input type="checkbox"/> Basketball		<input type="checkbox"/> Bocce		<input type="checkbox"/> Cross Country Ski-	
		<input type="checkbox"/> Figure Skat- ing		<input type="checkbox"/> Floor Hockey		<input type="checkbox"/> Golf		<input type="checkbox"/> Powerlifting	
		<input type="checkbox"/> Soccer		<input type="checkbox"/> Softball		<input type="checkbox"/> Snowshoeing		<input type="checkbox"/> Speed Skating	
		<input type="checkbox"/> Swimming		<input type="checkbox"/> Curling		<input type="checkbox"/> Rhythmic Gymnastics			
		<input type="checkbox"/> Unified		Other: _____					
Medical Information		PLEASE INDICATE ANY MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF (I.E.—ALLERGIES, DIETARY RESTRICTIONS)							
Phone No.		Home _____ Cell _____		Primary Language		English <input type="checkbox"/> French <input type="checkbox"/>			

Volunteer Information	WHY DO YOU WANT TO BECOME A VOLUNTEER WITH SPECIAL OLYMPICS NS?
	CURRENT SKILLS, TRAINING, QUALIFICATIONS AND INTERESTS:
	PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE:

References	PLEASE LIST TWO PERSONS WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. CAN INCLUDE A PERSONAL REFERENCE, A FAMILY MEMBER AND/OR AN EMPLOYER (FROM A PAID OR VOLUNTEER POSITION).	
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____

Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? Yes No

If yes, please indicate the nature of the offence: _____

*Volunteers over the age of eighteen (18) must submit, along with their agreement, a Criminal Record Check and Vulnerable Sector Check

Special Olympics Nova Scotia Inc. the "Organization"

COVID-19 DECLARATION AND AGREEMENT

This form is for any person who is a participant or volunteer of the organization, or an attendee at an event, program or activity of the organization. By signing this form, the person named below, or the person's guardian, states all of the following to be true:

The person:

1. Does not knowingly have COVID-19.
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath, or feeling unwell.
3. Has not travelled internationally during the past 14 days.
4. Has not, in the past 14 days, knowingly come into contact with someone who either:
 - a) has COVID-19,
 - b) has known symptoms of COVID-19, or
 - c) is self-quarantining after returning to Canada.
5. Has been following government recommended guidelines for COVID-19, including practicing physical distancing.

Further, by signing below, the person or their guardian agrees to the following:

While attending or participating in the organization's events, programs or activities or attending the organization's facilities, the person will:

1. Follow the laws, recommended guidelines, and protocols for COVID-19 issued by the provincial/territorial government, the local municipality, and all local medical officers of health.
2. Follow the guidelines and protocols mandated by Special Olympics for COVID-19.
3. Take the following actions if they experience any symptoms of illness, such as a fever, cough, difficulty breathing, shortness of breath, or feeling unwell:
 - a) immediately tell a representative of the organization of the symptoms,
 - b) identify everyone with whom they had contact at the organization's events, programs, activities or facilities, the symptoms experienced; and
 - c) leave the event, program, activity or facility.

FOR ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19

By signing below, you or your guardian state all of the following to be true:

1. You have been diagnosed with COVID-19.
2. You have been cleared as noncontagious by provincial/territorial or local public health authorities.
3. You have given to Special Olympics Nova Scotia written confirmation from a medical doctor of your diagnosis and clearance, along with this COVID-19 DECLARATION AND AGREEMENT.

Please check the appropriate box and sign below.

[] I am a volunteer. I confirm that I understand and agree to the terms and conditions in this Declaration and Agreement.

Date: _____ Name: _____ Signature: _____

[] I am a parent or legal guardian of the volunteer named on this Declaration and Agreement. I confirm that I understand and have explained the terms in this form to the athlete/volunteer/attendee and agree on their behalf to the conditions stated above. *I also confirm that I have legal authority to sign this document on behalf of the person. I understand that Special Olympics is relying on my statement that I have the legal authority as guardian or parent, and I agree to provide the organization with any document to confirm this authority if they request it.* I also agree to indemnify and protect the organization from any harm or cost if I have signed this Declaration and Agreement without legal authority to do so.

Date: _____ Name: _____ Signature: _____