

VOLUNTEER

"Those who can, do. Those who can do more, volunteer."

Across the province, thousands of people volunteer with Special Olympics Ontario, taking pride in knowing they're providing athletes with intellectual disabilities an opportunity to experience the excitement, joy and personal fulfillment associated with participating in sport.

Currently, there are over 8,000 volunteer coaches, club managers, fundraisers and administrators providing sport programs for over 18,000 athletes in Ontario. If you are looking for an opportunity to volunteer, there is always something to do for Special Olympics Ontario year round.



Whether you would like to volunteer individually or as a member of a school, church or other organization; whether you can volunteer for just a few hours on a single day as a scorekeeper, or several hours a week as a special events coordinator; there are volunteer opportunities for you!

How Do I Become a Volunteer?

It's easy!

To become a volunteer, you must be affiliated with an active Special Olympics Ontario sport club or community council.

All prospective volunteers must complete the following upon registration: a Registration Form (Volunteer Information Form) and Police Check. Once these forms have been completed, send them to your head coach or community coordinator. He or she will then forward them to Special Olympics Ontario. At this time, you will be a probationary volunteer. You will receive full volunteer status pending the results of your police records check (You must have a negative police records check).



Special Olympics
Ontario



VOLUNTEER REGISTRATION FORM

Please Check One: Register New Volunteer <input type="checkbox"/> (Complete Sections 1, 2, 3 and 4)	Add Volunteer to Club <input type="checkbox"/> (Complete Sections 1-2)	Change Volunteer Personal Info <input type="checkbox"/> (Complete Section 1)	Remove Volunteer from Club <input type="checkbox"/> (Complete Section 1-2)
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If changing volunteer info, adding or deleting volunteer to/from a club, PLEASE indicate volunteer registration No: _____

1. Personal Information

First Name _____ Middle Initial _____ Last Name _____

Apt / Unit # _____ Address _____

City _____ Province **ONTARIO** Postal Code _____

Home Phone Number () _____ Work Phone Number () _____

Cell Phone Number () _____ Fax Number () _____

E-mail Address (primary) _____

E-mail Address (secondary) _____

Spoken Language(s): English French Other _____

Date of Birth ____/____/____
Date of Birth (MM/DD/YY)

Gender: M F

2. Activity Profile *must be filled out by a Special Olympics Ontario volunteer
 Please indicate the sport specific and/or athletic club, the name of the club/council in which you are involved and your volunteer position code number.

Region _____ Community: _____

Club #	Sport	Club/ Community Council	Coach/ Vol. Position

Please turn over to complete form



VOLUNTEER REGISTRATION FORM

3. Release

Please be advised that you must be 14 years of age or older to be a volunteer with Special Olympics Ontario. If you are a **new** volunteer (**over 18 years of age**) an original copy of Police Check must accompany this registration form to the Provincial Office. Before sending your Original Police check to SOO, make a copy of it for your future use, SOO will not send a copy of it on your request once it is filed.

First Aid _____ / _____ / _____
 First Aid Date Certified (MM/DD/YY) First Aid Expiry Date (MM/DD/YY)

CPR _____ / _____ / _____
 CPR Date Certified (MM/DD/YY) CPR Expiry Date (MM/DD/YY)

NCCP _____
 NCCP Number *please attach NCCP transcript if available

* I, the undersigned coach, volunteer, official, parent, or administrator hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating Volunteer, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words, in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising, communicating, and in appealing for funds to support such activities of Special Olympics Canada Inc. and in appealing for funds to support such activities. * I agree to abide by the Special Olympics Canada Inc. rules, policies and procedures and Code of Conduct. * The information that I have provided may be verified, and I give permission to Special Olympics Ontario Inc. to make inquiries of others which may include a background investigation to determine my suitability to act as a Special Olympics Ontario Inc. Volunteer. * As a participating Volunteer, I may be dealing with confidential information and I agree to keep such information in the strictest confidence. * The relationship between Special Olympics Ontario Inc. and volunteers in an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics Ontario Inc. * Any and all references to Special Olympics Canada Inc. include and apply to Special Olympics Ontario Inc.

* I affirm that I have read the above and that the information I have given is true and complete.

Date _____ Applicant's Signature _____
 Parent /Guardian's if applicant is under 18 _____

4. Reference Checks

1. _____ () _____ / _____ / _____
 Name of Reference Phone Number of reference Date Contacted (MM/DD/YY)

2. _____ () _____ / _____ / _____
 Name of Reference Phone Number of reference Date Contacted (MM/DD/YY)

This is to verify that I, the undersigned **Community Representative (i.e. Community Coordinator, Registration Coordinator, Head Coach, Club Manager or District Developer)** have contacted the above two references and conducted reference checks as outlined in the Sport Club Manual

_____ / _____ / _____ _____
 Date (MM/DD/YY) Print Name Signature

How did you hear about Special Olympics Ontario?		<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Media/Advertisement
<input type="checkbox"/> School	<input type="checkbox"/> Athletes	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Volunteer Centre
<input type="checkbox"/> Website	Other: _____		



Date: _____

To Whom It May Concern,

On behalf of Special Olympics Ontario I would like to request a Volunteer Record Check for the following individual:

Name of Volunteer: _____

Community: _____

I ask that a Vulnerable Sector Search, including a search of the Pardoned Sex offender Database, be done as the volunteer will be working with individuals with an intellectual disability, many of which are children. The volunteer position is unpaid therefore the volunteer will receive no compensation from Special Olympics Ontario.

As you may know, Special Olympics Ontario (SOO) is a community-based program that provides sport competition opportunities for people with intellectual disabilities. Local sport club and school programs allow athletes to train and compete year round. Without our volunteers, this program would not be possible. With that said, it is important that our volunteers be screened so as to provide a secure atmosphere for all Special Olympic athletes.

If you have any questions, please contact me at (416) 447-8326 ext. 239.

Sincerely,

A handwritten signature in black ink that reads "James Noronha" with a stylized flourish at the end.

James Noronha
Manager, Program Services
Special Olympics Ontario



VULNERABLE SECTOR SCREENING

Agency: Special Olympics Ontario - Aurora		Position Sought:		Driver's Licence Number:	
Last Name:		First Name:		Middle Name:	Maiden Name or other names used:
Address: Unit/Apt # - Number and Street Name:				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
City:	Province: ON	Postal Code:	Province or Country of Birth:	Date Of Birth (DDMMYY):	
				Telephone Number:	

FIVE YEAR HISTORY – INCLUDING CURRENT ADDRESS

Unit # - Number	Street Name	City	Province	Postal Code	How Long?
Unit # - Number	Street Name	City	Province	Postal Code	How Long?
Unit # - Number	Street Name	City	Province	Postal Code	How Long?

CONSENT TO DISCLOSE PERSONAL INFORMATION

- I hereby consent to a search being made in the automated Criminal Records Retrieval System maintained by the R.C.M.P to ascertain if I have been convicted of and been granted a **pardon for any of the sexual offences** that are listed in the schedule to the Criminal Records Act.
- I hereby release and discharge York Regional Police and all members and employees of the said Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by York Regional Police. I hereby authorize York Regional Police to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges and related information, outstanding criminal charges, or details of police investigated incidents that York Regional Police believes may assist an agency in making an informed decision, and to conduct local police information searches with **ANY** police service in Canada.
- I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, the screening instructions (see back), understand it and agree to it in its entirety. I understand that making a false statement on this application may disqualify me from obtaining a Vulnerable Sector letter, and may subject me to criminal charges or other legal liability.

Signature of Applicant

Date (DDMMYYYY)

Employee Volunteer Student (must show valid student card)

FOR POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

THIS IS TO CERTIFY THAT NO NOTABLE CRIMINAL RECORDS WERE FOUND IN THE NATIONAL REPOSITORY FOR CRIMINAL RECORDS IN CANADA. THIS INFORMATION CAN ONLY BE CONFIRMED BY FINGERPRINTS. THIS ALSO CONFIRMS THAT NO PERTINENT NEGATIVE INFORMATION HAS BEEN FOUND.

Date Completed: _____
DD/MM/YY

Signed: _____
Representative of Police Service - Signature must be embossed

This search is intended for individuals seeking employment and/or a volunteer position with children or vulnerable person(s). Information is collected and disclosed according to section 29(1) and 32 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Screening Instructions

The **Applicant must be a resident of York Region** to have their application processed. The search includes national and local databases. In addition, incidents of all police contact for the previous five years and (ten years for sexual offences) will be considered for release.

Definition:

The Vulnerable Sector Screening process requires that the applicable service fee, as set by the Police Services Board be paid in advance. The service fee is subject to change without notice.

On occasion, volunteers may be asked by staff of York Regional Police to submit a letter signed by a representative of their volunteer agency and printed on official letterhead, confirming that the applicant is a volunteer, defined as a person not receiving income for their service.

Procedure:

The vulnerable sector screening form **MUST NOT BE ALTERED**. The applicant must attend in person during regular business hours to York Regional Police at either location listed below.

Newmarket	Hillcrest Mall
Customer Service Unit 16775 Yonge Street, Newmarket, Ontario Entrance is located outside at the north end of the building.	Community Resource Centre 9350 Yonge Street, Richmond Hill, Ontario
Hours:	Hours:
Monday to Friday 08:00 to 16:00	Tuesday to Thursday 08:00 to 18:00
Saturday and Sunday CLOSED	Friday 08:00 to 17:30
	Saturday 08:00 to 15:00
	Sunday and Monday CLOSED

Non-Refundable Fee: Volunteer: \$20.00 Employee: \$45.00 Student: \$20.00 (must show valid student card)

Methods of payment: Certified cheque or money order payable to York Regional Police, Visa, MasterCard, debit or cash.

The applicant **MUST** produce two pieces of government issued identification; one of which must have a photograph. Your Vulnerable Sector Screening will be returned to you by mail. Allow 2-3 weeks to process your application. Processing may vary depending upon current volume.

Business hours, pricing and processing times are subject to change without notice. Check our website at www.yrp.ca for updates.

Information for Release – information considered for release is as follows:

Criminal Record (including youth records that are disclosable pursuant to the YCJA)
Outstanding Criminal Charges
Pardoned Sexual Offences
Prohibition, probation and other judicial orders which are in effect
Findings of not guilty by reason of mental disorder

The following information may be considered for release where it is deemed appropriate:

Suspect / Culprit information; where the release of such will not hinder any ongoing investigation
Apprehensions and / or contact under the Mental Health Act
Details of incidents that may assist an agency in making an informed decision, including investigation where either no charges were laid or there was no finding of guilt.

Process Delays:

As a result of RCMP requirements, individuals applying for a vulnerable sector screening check through our (or any) police service may experience longer wait times before receiving their response. Part of the screening process now involves querying a database of pardoned sexual offences. If the person's date of birth matches the date of birth of a person of the same sex that may have been pardoned of a sexual offence, we will receive notice advising that this person must submit fingerprints. The applicant will be advised by York Regional Police that they need to submit fingerprints in order to continue the process.

In cases where the applicant wishes to discontinue the process, we will not charge them a fee for having run the first query.

Please be assured that York Regional Police is doing everything possible to maintain an efficient service to vulnerable sector screening applicants.