



August 2015

Hello!

You are receiving this package of information for one of two reasons:

- 1) You are a past Special Olympics Yukon sport volunteer and we hope you want to join us again for our fun and exciting 2015-2016 season; or
- 2) You requested information about our upcoming programs because you are keen to become one of our sport volunteers – welcome!

In this package you will find:

1) A set of forms for completion and return to the Special Olympics Yukon office.

You can return these forms by mail (4061 Fourth Avenue, Whitehorse, YT, Y1A 1H1); in-person at the Special Olympics Yukon (102-211 Hanson Street, Whitehorse); or in-person at the City of Whitehorse Registration Fair (August 22nd from 10 am until 1 pm at the Canada Games Centre);. **Only fully completed forms will be accepted** (front and back of each page). Please return forms to us by **Friday, September 4th** at the very latest so that we can have your coaching package ready for you to pick up at the Sport Volunteer Orientation and Professional Development Conference.

The forms you need to return to us include:

- a. Special Olympics Yukon Sport Volunteer Application Form
- b. Special Olympics Yukon Medical Emergency Information
- c. RCMP Criminal Record Check – we require a new one every two years – Please contact Brettanie to see if yours is up to date
- d. Special Olympics Yukon Sport Volunteer Orientation and Training Conference RSVP

2) Important information for you to keep for your reference.

This information includes:

- a. Fall/Winter Program Information
- b. "Notes for the Fridge Door" - Summary of cancellation dates and special events.

Please note that all the other important information you need will be provided at the Sport Volunteer Orientation and Training Conference or via email.

I am so excited to welcome you to Special Olympics programs this September!

In Sport,
Brettanie Deal-Porter

Special Olympics Yukon Sport Volunteer Application Form

(Applicants must be at least 19 years of age)

Full Name _____

Address, City / Town and Postal Code _____

Phone Number (home) _____

Phone Number (work) _____

Phone Number (cell) _____

Email _____

T-shirt size (men's sizing) _____

From information indicated above what is the Best Method of contact: _____

Gender: M F
(Circle)

Age: _____

Date of Birth: ____/____/____
Day Month Year

(Gender, Age, and Birth date are required for insurance and for National statistics)

Certifications

Expiry Date of First Aid Certification _____ (mm/yyyy)

Expiry Date of CPR Certification _____ (mm/yyyy)

Policy Acknowledgement

Please review the following policies at www.specialolympicsyukon.ca/content/253750

By signing below, I acknowledge I have read and understand the following Special Olympics Yukon Policies:

-Harassment Policy
-Volunteer Screening Policy

-Access and Equity Policy
-Code of Conduct Policy

-Risk Management Policy

(signature)

(please print name)

(date)

How long have you been a member of Special Olympics Yukon?

0 (new member)

1 to 4 yrs

5 to 9 yrs

10 to 14 yrs

15+ yrs

Please indicate which program you are applying to volunteer for:

_____ Active Start (4-7 years old)

_____ FUNdamentals (8-12 years old)

_____ Athletics (Track and Field) (Summer)

_____ Athletics (Track and Field) (Winter)

_____ Bocce (summer)

_____ Bocce (winter)

_____ Cross-Country Skiing

_____ Curling

_____ Figure Skating

_____ Golf (summer)

_____ Indoor Soccer/Floor Hockey (winter)

_____ Rhythmic Gymnastics

_____ Swimming (summer-based on interest)

_____ Swimming (Developmental)

_____ Swimming (Competitive)

_____ Soccer (summer)

Volunteer Release

I the undersigned coach, volunteer, official, parent or administrator hereby release discharge and indemnify Special Olympics 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 for communicating the purposes and activities of Special Olympics Canada and in appealing for funds to support such activities. Any and all references to Special Olympics Yukon or Special Olympics Inc. include and apply equally to all the Provincial and Territorial Chapters of Special Olympics Canada.

Name: _____

Signature: _____

Date Signed: _____

Special Olympics Yukon Medical Emergency Information

Yukon Medical Number: _____

Doctor's Name: _____ Phone Number: _____

Emergency Contact #1: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

Medical History: (Circle: Yes or No)

Asthma Y N If Yes, use of inhaler Y N

Cerebral palsy Y N

Diabetic Y N Treatment: Diet Pills Injection

Heart disease Y N If Yes, specify: _____

Major surgery Y N If Yes, specify: _____ Seizures

 Y N Type _____ Frequency _____

Tetanus shot Y N Within: (✓) 5 Years _____ 10 years _____

Any Reactions and/or Special Care:

Use of the following: (✓)

Glasses _____ Dentures _____

Hearing Aid _____ Contact Lenses _____

Other(s): _____

Allergies: _____

Medications _____

Food(s) _____

Stings _____

Other(s) _____

Symptoms, treatments:

Special diet requirements:

Is there any additional information that is not listed above that you feel is important to share?



Reference Number
to be completed
by detachment

**Consent for Check for a Sexual Offence for which a
Record Suspension (Pardon) has Been Granted or Issued
(Vulnerable Sector Verification)**

PIB CMP PPU 005
and CMP PPU 030

This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information

This form is to be completed by an individual applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule of the *Criminal Records Act* and has been pardoned.

To be used only for organizations inside of Canada.

Part 1 - Identification of the Applicant

Surname	Given name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy-mm-dd)
---------	------------	---	----------------------------

Part 2 - Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Title of the paid or volunteer position	Name of the person or organization
---	------------------------------------

Details regarding the responsibilities towards children or vulnerable person(s)

Paid position (fee enclosed) <http://www.rcmp-grc.gc.ca/cr-cj/fee-frais-eng.htm>

Volunteer position (letter from non-profit organization attached)

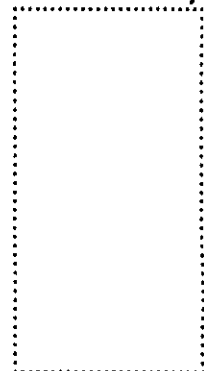
Part 3 - Consent

I hereby consent to a search being made in the automated records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the *Criminal Records Act*.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule of the *Criminal Records Act* in respect of which a Record Suspension (Pardon) was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Fingerprint: For card scan submissions only.

Contributing agency	
Signature of applicant X	Date (yyyy-mm-dd)



Finger: _____

Part 4 - Verification

Name of verifier	
Title	Date received



Consent for the Release of Police Information

Part 1 - Applicant Information (please print)

Last name		Given name (1)		Given name (2)		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth (yyyy-mm-dd)	
Address (no., street, apt.)			City		Province			Postal code	
Tel. no. (incl. area code)		Place of birth			Usual first name or alias		Maiden name or any other last name		
Previous address if less than 5 years at current address									
Address 1 (no., street, apt.)			City		Province			Postal code	
Address 2 (no., street, apt.)			City		Province			Postal code	

Part 2 - Consent

Important - Informed Consent (provided by the individual)

As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

Statement of Consent: I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Dated this _____ day of _____ 20____ Signature: _____

Record Check results will be picked up in person by the applicant, or:

Identity of the organization that is requesting and should receive the results of the record checks

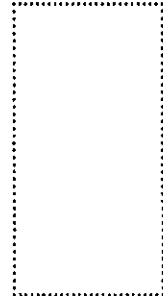
Name of Person or Organization		Address (no., street, apt.)	
City		Province	Postal code

Waiver for consent of release of information to third party:

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Dated this _____ day of _____ 20____ Signature: _____

Fingerprint: For card scan submissions only.



Finger: _____

Part 3 - Type of Record Check Required - Completed by Applicant (selected and initialed)

1	Name-Based Criminal Record Check Initial here if requesting a Name-Based Criminal Record Check	A query, based on name and date-of-birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
2	Fingerprint-Based Criminal Record Check Initial here if requesting a Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.
3	Vulnerable Sector Check Initial here if requesting a Vulnerable Sector Check <input type="checkbox"/> RCMP form 3923 is attached.	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
4	Declaration of Criminal Records Initial here if requesting a Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives. <input type="checkbox"/> Declaration of Criminal Records (RCMP form 6359) is attached.

Part 4 - Identification Provided

(1) _____ (2) _____

RCMP Employee: _____ ID. no.: _____

Special Olympics Yukon Sport Volunteer Orientation and Training Conference RSVP

Special Olympics Yukon would like to invite you to attend the annual sport volunteer and professional development conference on **September 25 – 26, 2015**. This gives Special Olympics Yukon an opportunity to provide you all the necessary information you need for the upcoming sport season.

Please note: We ask that everyone attend. This is the one time of year we get everyone together to cover all aspects of programming and get to receive feedback from all of you, our (fantastic!!!) volunteers.

The conference will open with a Volunteer Appreciation Banquet and Dinner (Location TBA) September 25th. The event will feature a guest speaker, athlete ambassador speeches as well as the presentation of the Heather Miller Sport Volunteer Award. The doors open at 6:30pm, event starts at 7pm.

The following day we will convene at **Elijah Smith Elementary School** from 9:00 am to 2:30 pm. The day will include interactive sessions facilitated by Special Olympics territorial staff, as well as local experts and end with an overview of Special Olympics Yukon programming for the upcoming year.

Lunch will be provided and will feature the **Special Olympics Yukon AGM**.

We ask all of our registered sport volunteers to return this RSVP no later than August 28th with your other registration materials.

Sport Volunteer Name: _____

Will you be attending the Volunteer Appreciation Banquet on Friday, September 25th?

_____ Yes _____ No

If you answered YES:

Will you be bringing a guest with you to dinner?

_____ Yes, Guest Name: _____ _____ No

Dietary requirements: (i.e Gluten free, Vegetarian) _____

Will you be attending the Orientation and Professional Development Conference on Saturday, Sept 26th?

_____ Yes _____ No

Invite a Friend Form

Special Olympics Yukon is constantly trying to expand our reach throughout our community. **We know that you, our sport volunteers, are terrific ambassadors for Special Olympics Yukon.** Because of this we are asking you to spread the word about our programs to your friends who are not currently participating with us, but who you think would really love the chance to. **If your friend chooses to join you will be entered into a draw to win a \$50.00 gift certificate from Earls Restaurant. You will receive one entry for each friend you recruit to Special Olympics Yukon** (if you have more than one friend who wants to join stop by the Special Olympics offices and we'll get you more forms).

To enter the draw, please fill out the form below:

Your name: _____

Your friend(s) name: _____

Your friend (s) phone number: _____

Your friend (s) email: _____

SURPRISE---
BOWLING IS
BACK!!!

CHECK OUT THE
FALL/WINTER
PROGRAM
INFORMATION FOR
DETAILS.

Special Olympics Yukon 2015-2016
Fall/Winter Program Information

Active Start

Saturday 11:00 w11:45 am

Start Date: TBA

Note: for ages 4-7

Athletics

Elijah Smith Elementary School

Mondays 6:00 w7:00pm

Start Date: October 19 wApril 4

5 Pin Bowling- Its Back!

Mad Trapper Alleys

Saturdays 1:00 w3:30 pm

Start Date: October 17 wApril 2

Note: There is an additional weekly cost of \$4.00

Cross Country Skiing

Mount McIntyre Recreation Centre - Whitehorse Cross Country Ski Club

Sundays 1:30 w3:30pm

Start Date: TBA; As soon as the snow has packed down.

Note: Dryland training may start earlier

Curling

Mount McIntyre Recreation Centre wWhitehorse Curling Club

Saturdays 9:45 w10:45 am

Start Date: October 17 wMarch 5

Note: Mandatory waiver forms must be signed by athletes and caregivers prior to starting program!

Figure Skating

Canada Games Centre wNorthwestel Arena

Wednesdays 6:00 w7:00 pm

Start Date: October 14 wApril 6

FUNDamentals

Saturdays 11:45 am w12:30 pm

Start Date: TBA

Note: for ages 8 w12

Special Olympics Yukon 2015-2016
Fall/Winter Program Information

Rhythmic Gymnastics

Grey Mountain Elementary School

Sundays 6:00 pm - 7:00 pm

Start Date: October 18 - April 3

Soccer/Floor Hockey

Christ the King Elementary School (Soccer)

Mondays 6:00 - 7:30

Start Date: October 19 - December 7

Canada Games Centre - Flexihall 2 (Floor Hockey)

Fridays 6:00 - 7:30 pm

Start Date: October 17 - December 11

Christ the King Elementary School (Floor Hockey)

Mondays 6:00 - 7:30

Start Date: January 4 - April 4

Canada Games Centre - Fieldhouse (Soccer)

Fridays 6:00 - 7:30 pm

Start Date: January 8 - April 1

Swimming

Canada Games Centre - Lions Pool

Developmental - Tuesdays 7:00 - 8:00 pm

Start Date: October 13 - April 5

Competitive - Thursdays 7:00 - 8:00 pm

Start Date: October 15 - April 7

Please note these times may change, I am waiting for the final contracts



Special Olympics Yukon – Notes for the Fridge Door!!

There will **not** be any Special Olympics programming during the following dates:

- ◆ **October 12 (Thanksgiving)**
- ◆ **November 11 (Remembrance Day)**
- ◆ **Between December 12 and January 3 (Christmas Break)**
- ◆ **February 26 (Rendezvous/Heritage Day)**

*Please note that there may be more cancellation dates for sport specific programs. Head Coaches for each program will inform you of these dates.

Throughout the season a number of **special events** will take place. The dates of these events are:

- ◆ **September 25-26 (Special Olympics Yukon Coach Orientation and Training Conference)**
- ◆ **December 12 (Special Olympics Yukon Christmas Party)**
- ◆ **February 27-March 7 (Special Olympics Canada Winter Games)**

*In order to participate in any Special Olympics Yukon program, you **must** be a registered sport volunteer. A registered volunteer is a coach who has fully completed and submitted their application and medical form to Special Olympics Yukon.