



# 2011 SPECIAL OLYMPICS ONTARIO PROVINCIAL FLOOR HOCKEY CHAMPIONSHIPS

HOSTED BY GREATER SUDBURY POLICE SERVICE  
VOLUNTEER APPLICATION



Completed applications must be dropped off and verified in person by Central Records at 190 Brady Street Sudbury

|                         |                             |
|-------------------------|-----------------------------|
| <b>SECTION 1:</b>       |                             |
| <b>SURNAME (PRINT):</b> | <b>GIVEN NAMES:</b>         |
| <b>MAILING ADDRESS:</b> | <b>TELEPHONE RESIDENCE:</b> |
| <b>CITY:</b>            | <b>POSTAL CODE:</b>         |
| <b>EMAIL ADDRESS:</b>   |                             |

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  
 No  Yes, Please provide details: \_\_\_\_\_

Are you volunteering as part of a group?  
 No  Yes, Name of Group: \_\_\_\_\_

Have you already been assigned to a committee?  
 No  Yes, Name of Committee: \_\_\_\_\_

Are you a member of the local Special Olympics Ontario Organization?  
 No  Yes, Please provide details: \_\_\_\_\_

Are you able to volunteer for the EMERGENCY VOLUNTEER list for last minute placements during the game?  
 No  Yes

**TIME AVAILABLE:**

| Day      | Date    | Yes                      | No                       | 4 Hours                  | 5 Hours                  | 8 Hours                  | Day                      | Afternoon                | Evening                  |
|----------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week(s)  | Prior   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | June 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday   | June 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | June 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 2:**

**ASSIGNMENT INTEREST**

PLEASE INDICATE **THREE** AREAS OF INTEREST BY PUTTING IN ORDER OF PREFERENCE **1 2 3** IN THE BOXES AND WE WILL DO OUT BEST TO PLACE YOU IN THE CATERGORY OF YOUR CHOICE

- |                                  |                          |                               |                          |
|----------------------------------|--------------------------|-------------------------------|--------------------------|
| OPENING CEREMONIES JUNE 9, 2011  | <input type="checkbox"/> | MEDICAL SERVICES              | <input type="checkbox"/> |
| CLOSING CEREMONIES JUNE 11, 2011 | <input type="checkbox"/> | SPORT TECHNICAL OFFICIALS     | <input type="checkbox"/> |
| ACCREDITATION/REGISTRATION       | <input type="checkbox"/> | SECURITY                      | <input type="checkbox"/> |
| HOSPITALITY                      | <input type="checkbox"/> | AWARDS                        | <input type="checkbox"/> |
| DRIVER                           | <input type="checkbox"/> | OTHER (Please describe) _____ | <input type="checkbox"/> |
| HEALTHY ATHLETES                 | <input type="checkbox"/> |                               |                          |

For specific information on the volunteer duties, please visit <http://gsps.ca/en/floorhockey.asp>

**SECTION 3:**

**FUNDRAISING**

- Are you willing to assist at fundraising events prior to Special Olympics Ontario?      YES       NO
- Do you have a current Smart Serve® Certificate?      YES       NO

**SECTION 4:  
SPECIAL SKILLS**

What language(s) do you speak?

ENGLISH  FRENCH  OTHER  \_\_\_\_\_

What are your computer skills?

NONE  BASIC  INTERMEDIATE

Do you have a current First Aid/CPR certificate?

YES  NO

Are you physically able to help move equipment?

YES  NO

Do you have a valid driver's license?

YES  NO

If yes, which class do you possess: \_\_\_\_\_

**SECTION 5:  
EMERGENCY CONTACT INFORMATION**

Name:

Relationship:

Address:

Phone No. 1:

Phone No. 2:

**SECTION 6:  
ORIENTATION SESSION**

A **mandatory** orientation session will be held for all volunteers at Sudbury Police Headquarters (190 Brady Street).

VOLUNTEERS WILL BE ISSUED WITH A COMPLIMENTARY SHIRT TO BE WORN WHEN ON DUTY DURING THE EVENT.

PLEASE INDICATE YOUR SHIRT SIZE.

SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE XXXX-LARGE  
UNISEX

**SECTION 7:  
STATEMENT OF AGREEMENT**

I understand that:

- The information I have provided may be verified, and I give permission to Special Olympics Ontario / Greater Sudbury Police Service to make inquiries of other which may include a criminal background check to determine my suitability to act as a Special Olympics Ontario Volunteer.
- In the course of volunteering for Special Olympics Ontario, I may be dealing with confidential information and I agree to keep such information in the strictest confidence.
- The relationship between Special Olympics Ontario and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Special Olympics.
- I grant Special Olympics Ontario permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics Ontario.

**DECLARATION**

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT, QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO



**VOLUNTEER COORDINATOR  
GREATER SUDBURY POLICE SERVICE  
190 BRADY STREET  
SUDBURY, ONTARIO P3E 1C7**