

**Special  
Olympics**  
British Columbia



Existing/Returning Volunteer without  
portal account

# Registration Instructions

Pre-requisites:

- You are an existing member to Special Olympics
- You don't have a portal account
- You have access to your email
- You are 18 years old or above and have guardianship over yourself  
(If not, please print out the waiver and have it signed by your guardian/parent, and return it to your local registration coordinator.)

*Version 2.0 (October 2023)*

## Contents

URL to the Registration Portal.....	3
Step 0 - Create Portal Account.....	3
Step 0.1 – Check your mailbox .....	4
Self-enrollment for programs & Terms and Conditions update .....	6
Step 0 – Open “Add me as Volunteer” .....	6
Step 1 – Volunteer Information .....	6
Step 2 – Program Search & Add Club Enrollment .....	8
Step 3 – Main Information.....	10
Step 4 – Criminal Record .....	10
Step 5 – Medical Information .....	11
Step 6 – Emergency Contacts.....	13
Step 7 – Member Training .....	14
Step 8 – Volunteer Additional Information .....	15
Step 9 – Enrollment Details & Agreements .....	16
Step 10 – 100%.....	17
How to Review and Update the profile and enrollments .....	18
CONTACTS FOR SUPPORT AND QUESTIONS.....	19

# [URL to the Registration Portal](#)

Copy and paste Membership Portal URL to browse and follow the instructions:

<https://portal.specialolympics.ca/>

## [Step 0 - Create Portal Account](#)

➔ On the homepage, select **Create Portal Account**

➔ Select **SO British Columbia** from the **Province/Territory** field drop-down

➔ Fill out **Your Information** in four fields: **First Name** (your legal first name), **Last Name**, **Date of Birth** and **Email Address**.

**YOUR INFORMATION**

Province / Territory *(required)*

First Name *(required)* Last Name *(required)*

Date of Birth - MM/DD/YYYY *(required)* Email Address *(required)*

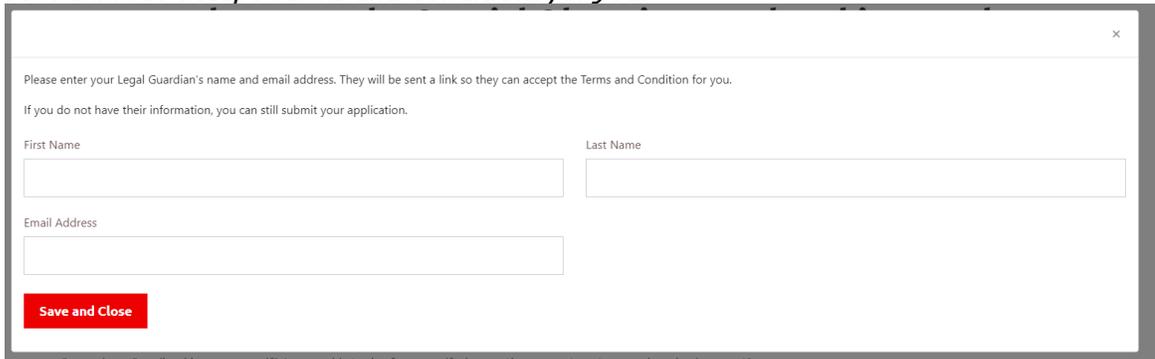
Do you have Guardianship over yourself? Are you able to sign for yourself when renting an apartment or opening a bank account? *(required)*

**Next Step**

➔ Select **Yes/No** from **Do You have Guardianship over yourself?** field.

**Yes:** you are **18 years old or older** and have guardianship over yourself. You will be able to fill out your waivers online.

**No:** A new window will pop up for you to fill in your legal guardian's information. They will be sent a link to accept **Terms and Conditions** for you.



A screenshot of a web browser window with a close button (x) in the top right corner. The window contains the following text and form fields:

Please enter your Legal Guardian's name and email address. They will be sent a link so they can accept the Terms and Condition for you.  
If you do not have their information, you can still submit your application.

First Name: [Text Input Field]  
Last Name: [Text Input Field]

Email Address: [Text Input Field]

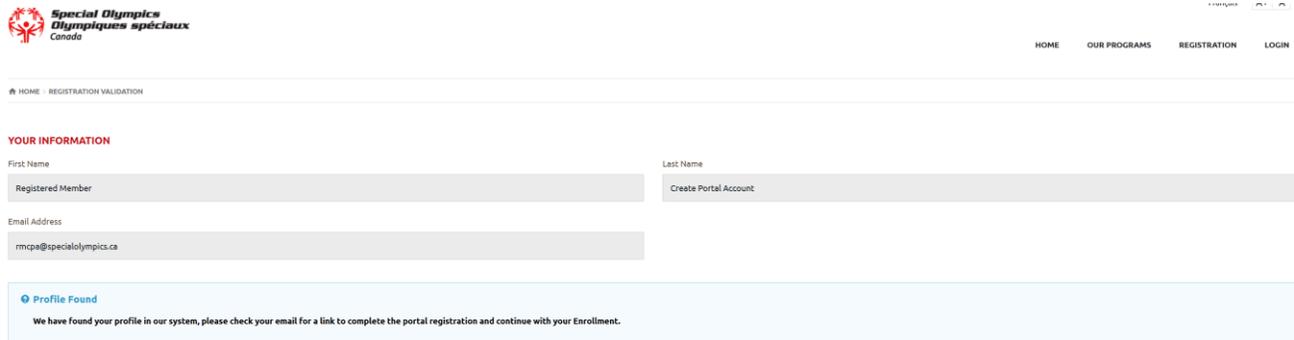
[Save and Close] (Red button)

Click **Save and Close** after you finish the entry. If you do not have the information now. You can close the window by clicking “x” on the top right corner. You will be able to process with the application and your local will contact you for the Terms and Conditions answer in a later time.

➔ Click **Next Step**

## Step 0.1 – Check your mailbox

➔ You will get a confirmation window notifying that system has found you and has sent an email with a link to complete account creation process



A screenshot of the Special Olympics Canada website's registration validation page. The page includes the following elements:

- Special Olympics Canada logo in the top left.
- Navigation menu in the top right: HOME, OUR PROGRAMS, REGISTRATION, LOGIN.
- Breadcrumb: HOME > REGISTRATION VALIDATION.
- Section header: **YOUR INFORMATION**.
- Form fields for First Name (Registered Member) and Last Name (Create Portal Account).
- Email Address field containing: rmcps@specialolympics.ca.
- A blue notification box with the text: **Profile Found**  
We have found your profile in our system, please check your email for a link to complete the portal registration and continue with your Enrollment.

➔ Check your email inbox, copy and paste the provided link in your browser to complete portal registration. **Note: If you do not find the system email in your Inbox, please check your junk or spam mail folder**

Bonjour AA

SO Admin vous invite à vous inscrire à son portail en ligne.

Pour vous inscrire au portail, veuillez cliquer sur le lien ci-dessous ou copier et coller l'URL dans votre navigateur:

<https://portail.specialolympics.ca:443/portal-invite?inviteid=33AC511045E9A3763D1DDC33A382FE8E48399A5EC04562D5F3B245A9E9AEE34E13AFF8889D91E4A09914E08EF554B26F1015B9344F52344F04A2E4355EF33977>

Ce lien vous amènera à une page sécurisée où vous pourrez créer votre compte.

Si vous ne souhaitez pas créer de compte pour le portail, veuillez ne pas tenir compte de ce message. Un compte ne sera pas créé.

Merci,

Olympiques spéciaux

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Hallo  
AA,

SO Admin has invited you to join their online portal solution.

To join the portal please click on this link or copy and paste this URL into your browser:

<https://portail.specialolympics.ca:443/portal-invite?inviteid=33AC511045E9A3763D1DDC33A382FE8E48399A5EC04562D5F3B245A9E9AEE34E13AFF8889D91E4A09914E08EF554B26F1015B9344F52344F04A2E4355EF33977>

This link takes you to a secure page where you can create your account.

If you don't wish to create a portal account, please disregard this message. An account will not be created.

Thank you,

Special Olympics

➔ The provided link will take you to the **Registration** page. Enter your email in the **Verify Email** field, and enter create your password in the provided fields. **Follow the Password Rules to properly enter your password.**



#### REGISTRATION

Verify Email

Password

Password must be at least 8 characters long and must contain at least one special character or symbol, one number, one uppercase letter and one lowercase letter.

Repeat password

Register

#### 🔒 PASSWORD RULES

- The password must be 8 characters or more and must contain at least:
- 1 Capital Letter AND
  - 1 Small or Lower Case Letter AND
  - 1 Number AND
  - 1 Special Character like # ! & % \$ @

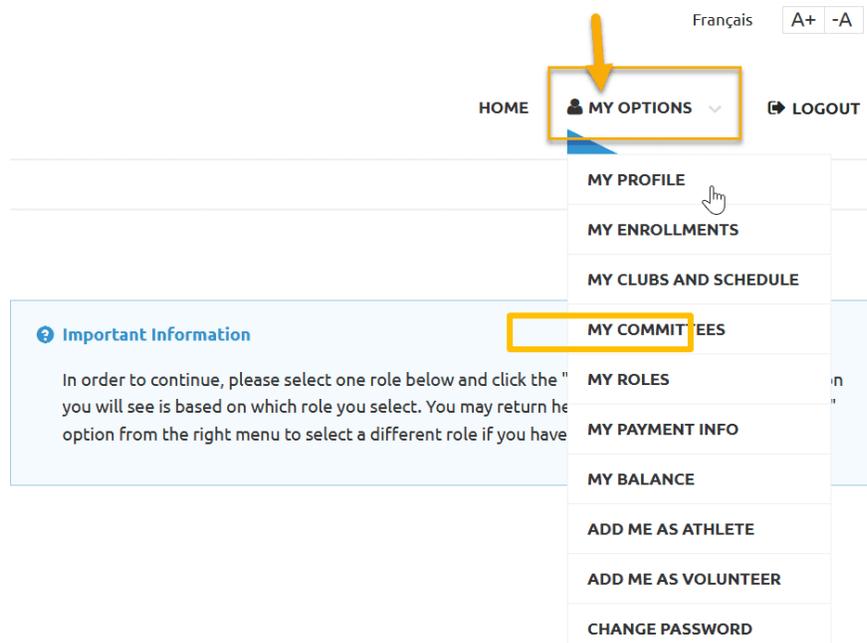
➔ Click **Register**

# Self-enrollment for programs & Terms and Conditions update

After you have created an account on the portal, follow the below steps to submit your application.

## Step 0 – Open “Add me as Volunteer”

To enroll yourself in a Program/Club, select **Add me as Volunteer** from the **My Options** menu.



## Step 1 – Volunteer Information

**Volunteer** field: the name you used to create your account and profile

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

**Important Information**  
After the Legal Guardian question is answered, please click the "Next Step" to continue

Volunteer  
AA Test

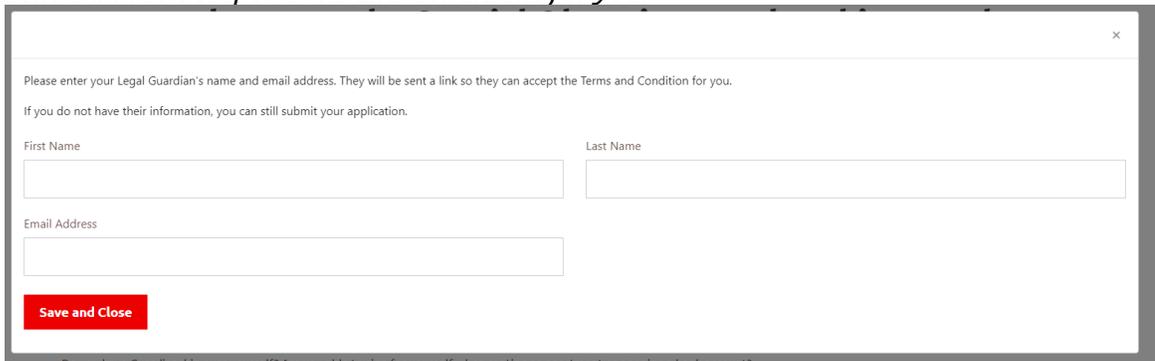
Do you have Guardianship over yourself? (Are you able to sign for yourself when renting an apartment or opening a bank account?) (required)

Next Step

➔ Select **Yes/No** from the **Do You have Guardianship over yourself?** field.

**Yes:** you are **18 years old or older** and have guardianship over yourself. You will be able to fill out your waivers online.

**No:** A new window will pop up for you to fill in your legal guardian's information. They will be sent a link to accept Terms and Conditions for you.



A screenshot of a web form for entering legal guardian information. The form is enclosed in a grey border with a close button 'x' in the top right corner. The text inside the form reads: "Please enter your Legal Guardian's name and email address. They will be sent a link so they can accept the Terms and Condition for you." Below this, it says: "If you do not have their information, you can still submit your application." The form contains three input fields: "First Name", "Last Name", and "Email Address". At the bottom left of the form is a red button labeled "Save and Close".

Click **Save and Close** after you finish the entry. If you do not have the information now, you can close the window by clicking "x" on the top right corner. You will be able to proceed with the application and your Local will contact you for the Terms and Conditions answer at a later time.

➔ Click **Next Step**

## Step 2 – Program Search & Add Club Enrollment

1. In the **Program Search** window, select **“SO British Columbia”** as the Chapter/Province/Territory.
2. Choose the **Community (Local)** in which you want to find sport programs, then click **Search**.

### Program Search

**Search Guide**  
Select the Community and/or Sport and click Search to see what's available to enroll in. Click Add to enroll in a program.

Chapter / Province / Territory  
SO British Columbia

Community  
1A Kimberley/Cranbrook

Sport (optional)  
Step 1

**Search**

You will get list of programs that are offering in your Local in the **Search Results** window.

3. Click **Add** to the programs you wish to enroll in **Search Results** window  
(If you're a committee member/coordinator, click **ADD** to your local under the organization name column, i.e. **1A Kimberley/Cranbrook**)

#### Search Results

Add	Details	Organization Name	Type	Program	Start Date	End Date	Schedule
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Track & Field	Community Club	Athletics	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Kimberley/Cranbrook	Community				
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Active Start	Community Club	Active Start	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Alpine Skiing	Community Club	Skiing - Alpine	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Swimming	Community Club	Swimming	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Club Fit	Community Club	Fitness	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Basketball	Community Club	Basketball	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Bocce	Community Club	Bocce	2023-09-01	2024-08-31	
<input type="button" value="Add"/>	<input checked="" type="checkbox"/>	1A Bowling-5 pin	Community Club	Bowling - 5 pin	2023-09-01	2024-08-31	

<< 1 >> 1 - 14 of 14 items

4. Choose the appropriate role from the **Organizational Role** field.  
(If you do not find the role you want to have as volunteer, add a note in **Notes** field.)

**Attention!**

**Confirmation**

Please select an "Organization Role" from the list below. If you're not sure what to select, or want to volunteer for any available role, select Occasional Volunteer, and put in the Notes what you are interested in. You will be contacted by your local SO representative for more information.

Click Apply to add the enrollment to your "What You Have Selected so Far" list.

Organization Role

Program Volunteer

Notes

Apply

Cancel

5. Click **Apply** to save and close this pop-up window.

6. You can see your enrollment in **Your Selected Enrollments** window.

(If you have selected the club by mistake, click on **Delete** button to delete this enrollment. Follow the above-mentioned steps to enroll the program you wish for.)

**Your Selected Enrollments**

Edit	Delete	Organization Name	Sport	Role	Enrollment Fee	Annual Fee	Total Enrollment
		1A Active Start	Active Start	Program Volunteer			\$0.00

Previous Step

Next Step

7. After reviewing your enrollment, click on **Next Step**.

## Step 3 – Main Information

You are required to fill out the appropriate info on this page as much as you can, including all required fields highlighted in **RED** (**Gender, Language Preference, Include on Mailing List and Primary Address**)

### Main Information

**Main Information and Address**  
Please confirm the following required personal information, language preferences and address.

Full Name AA Testing	Member ID 000479393
E-mail Testing@specialolympics.bc.ca	Your Date of Birth - MM/DD/YYYY 10/17/2000
<b>Gender (required)</b>	Gender Identity
Home Phone	Cell Phone
Locker ID/NCCP #	
<b>Primary Language Preference (required)</b>	<b>Include on Mailing List (required)</b>

### Primary Address

<b>Street 1 (required)</b>	Street 2
<b>City (required)</b>	<b>Province / State (required)</b> BC
<b>Country (required)</b> Canada	<b>Postal Code (required)</b>

ADD SECONDARY ADDRESS (OPTIONAL)

[Previous Step](#) [Next Step](#)

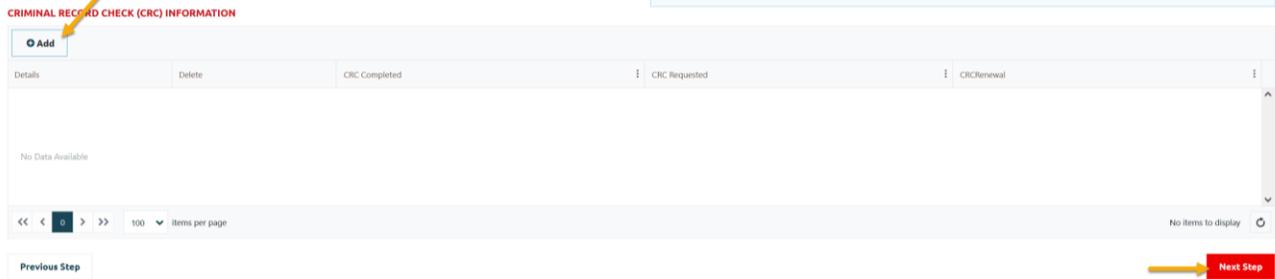
Once completed, click on **Next Step**.

## Step 4 – Criminal Record

In the **Criminal Record Check (CRC) Information** window, click **+Add** to upload a copy of your police check if it meets the following criteria:

1. It has been completed within the past four years
2. There is no criminal history on your record.

If you do not have a valid CRC at this moment, click on **Next Step**. It can be uploaded later at any time after submitting your application.



## Step 5 – Medical Information

Please fill out all the fields as best and clear as possible.

Once you answered **YES** for any of the medical questions, another field will appear to ask for more details related to that question.

To add any **Medical Condition**, click **+Add** to open a new pop-up window and select appropriate option. Once complete, click **Submit** to save it.

➔ Then click on **Next Step**

Do you have Down Syndrome? (required)

Do you have any Dietary Restrictions? (required)

Dietary Restrictions (required)

Do you have any Seizures? (required)

Do you have any Allergies? (required)

Allergy Detail

How do you treat your allergies?

Do you take any Medications? (required)

Other Health Devices

**ADDITIONAL MEDICAL INFORMATION (OPTIONAL)**

Health Card #

Doctor's Name

Card Issued By

Doctor's Phone

Card Expires On

Other Medical Notes

**MEDICAL CONDITIONS (OPTIONAL)**

<a href="#">+ Add</a>			
Details	Delete	Condition	Other Condition
No Data Available			

Navigation: << < 0 > >> 100 items per page No items to display

**MEDICAL FORMS (OPTIONAL)**

<a href="#">+ Add</a>		
Details	Name	Date Completed
No Data Available		

Navigation: << < 0 > >> 100 items per page No items to display

**ACCOMMODATIONS NEEDED FOR DISABILITY (OPTIONAL)**

Disability Accommodation Details

[Previous Step](#)



[Next Step](#)

## Step 6 – Emergency Contacts

You must provide at least **one** emergency contact.

➔ Add emergency contact information and click **Next Step**.

## Emergency Contacts

### Important

Please fill in the Emergency Contact fields marked as "required".

#### PRIMARY EMERGENCY CONTACT

First Name <small>(required)</small>	Last Name <small>(required)</small>	Relationship <small>(required)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone <small>(required)</small>	Primary Email	
<input type="text"/>	<input type="text"/>	

#### SECONDARY EMERGENCY CONTACT

First Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone	Primary Email	
<input type="text"/>	<input type="text"/>	

ADD ADDITIONAL CONTACT (OPTIONAL)

Previous Step

Next Step

## Step 7 – Member Training

You can provide the courses and member trainings you have taken, if applicable.

→ Click **+Add** to add info

### Member Training

#### Important Information

Please add training courses you have taken, such as First Aid, CPR, Safe Sport, Respect in Sport. These can be added later as well.

 **Add**

Details	Training Course	Other Course	Certificate #	Date Completed	Renewal Date
No Data Available					

<< < 0 > >> 100 items per page No items to display

→ If course name is not in the list, select **Other Course**. The **"Other Course"** field will appear to ask for the specific course name.

→ Add the course completion date (and renewal date if applicable), then click **Submit** and **Next Step**

Member Training ×



**Special Olympics**  
**Olympiques spéciaux**  
Canada

Training Course (required)

Training Sub Course

Is Certified

Date Completed

Certificate #

Renewal Date

## Step 8 – Volunteer Additional Information

Fill out the required fields in **Profile Additional Information**.

You **MUST** provide **two** referees in the **Personal References** section.

➔ Click **+Add** to enter the information.

**Important Information**

You must provide two references who are not related to you for your application to be processed.

**PERSONAL REFERENCES**

Details	Delete	First Name	Last Name	Relationship to Applicant	Primary Phone	Email
<input type="checkbox"/>	<input type="checkbox"/>	Test	Reference	Employer	416-789-7899	test@live.com

<< < 1 > >> 100 Items per page 1 - 1 of 1 items

➔ In **My Volunteer Reference** window, provide information as required then click **Submit** to save this info.

My Volunteer Reference



**Special Olympics**  
**Olympiques spéciaux**  
Canada

First Name (required)

Cell Phone

Last Name (required)

Primary Phone (required)

Relationship to Applicant (required)

Secondary Phone

Employer and Position

Email

➔ Profile Additional Information. These are not required fields, but any additional information is helpful for SOBC.

### Profile Additional Information

Additional information or details for the volunteer, or feel free to skip.

Profile Name  
AA Tester

Why did you want to join Special Olympics?  
[Dropdown]

Shirt Size  
[Dropdown]

Are you a Healthcare Professional?  
No

Is Educator  
No

How long do you plan to volunteer with Special Olympics?  
[Dropdown]

Volunteer Notes  
[Text Area]

Short Biography  
[Text Area]

[Previous Step](#) [Next Step](#)

➔ Click on **Next Step**.

## Step 9 – Enrollment Details & Agreements

This is where you can review the enrollments you have selected at the beginning.  
(If you want to change **Organization Role**, click the pencil icon to modify it and click **Submit** to save.)



**Enrollment Details**  
If there is a cost for your enrollment, payments are collected manually by your local Special Olympics volunteer or your Provincial/Territorial Chapter office.

### Please Confirm Enrollment Details

Club / School Program	Community / School	Category	Organization Role	Region / District	Enrollment Fee	Processing Fee	Total Enrollment	Enrollment Paid
1A Basketball	1A Kimberley/Cranbrook	Program	Program Volunteer	1 Kootenays			\$0.00	No

➔ If everything looks good, please fill out the **Agreements** section to finalize.

## AGREEMENTS

Please see full [Terms and Conditions](#) document for details of the question(s) below

Has the person who is being registered on this application form ever been charged/convicted of any Criminal Offence as outlined in the Terms and Conditions? (required)

Media Release (required)

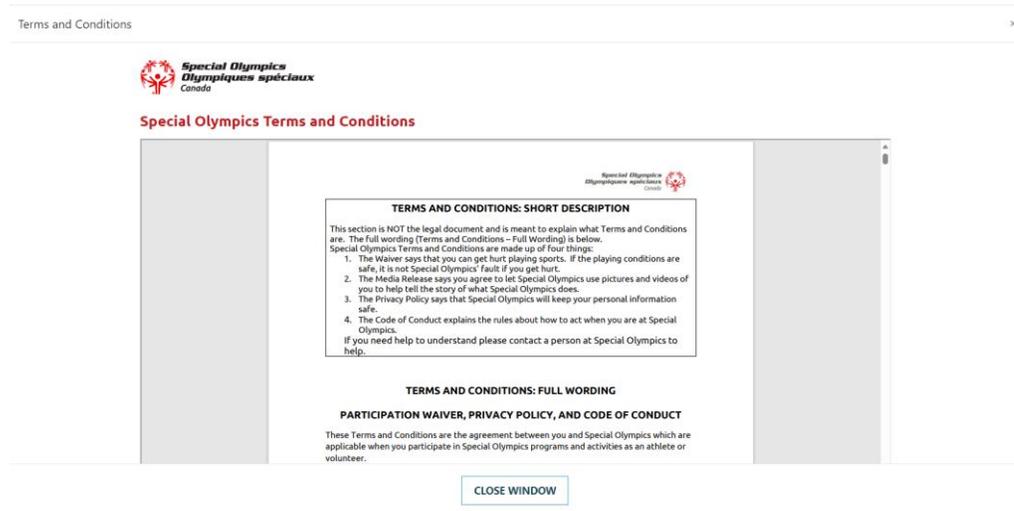
### Important

By clicking on **Confirm and Submit**, you confirm and agree with the Terms and Conditions

[Previous Step](#)

[Confirm and Submit](#)

You need to click on **Terms and Conditions** link to go to the full document page. After you have read the Terms and Conditions document, Click **CLOSE WINDOW** and select your answer.



➔ Click **Confirm and Submit**. (By clicking on **Confirm and Submit**, you confirm and agree with the Terms and Conditions)

**Step 10 – 100%**

**Congratulations!**

### Success! Application Submitted

Thank you! A confirmation from Special Olympics has been sent to the email address you provided.

Your opinions matter to us, and we want to hear from you!

Please take a few minutes to complete our [survey](#), and enter our draw for one of 10 \$20 Tim Horton's gift cards.

Log Out

See Enrollments

This page shows that your application has been submitted successfully and you will also receive a confirmation email from the system as a reference.

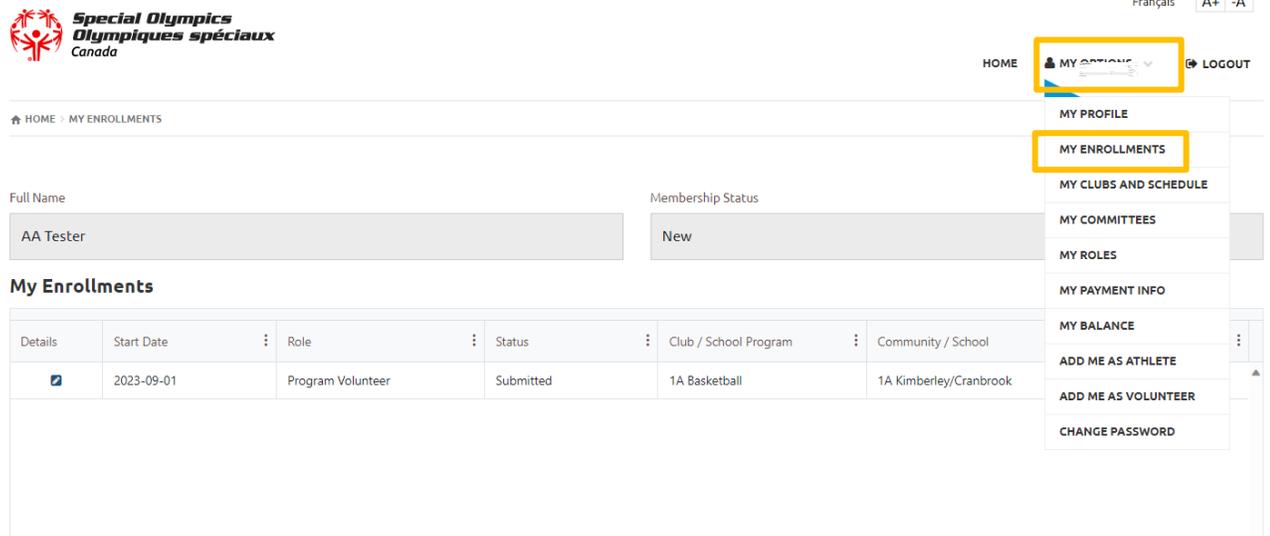
SOBC Chapter and your local will review your application and might contact you for further information. Please also note that your references will also be contacted by community/club admin during the approval process.

Now you can either **Logout** or click on **My Options** to update/review your application information.

## How to Review and Update the profile and enrollments

After login to the portal, hover your mouse cursor over "My Options"

- ➔ Click **"My Profile"** to update your personal information
- ➔ Click **"My Enrollments"** to review the status of your enrollments.



Full Name: AA Tester

Membership Status: New

**My Enrollments**

Details	Start Date	Role	Status	Club / School Program	Community / School
<input checked="" type="checkbox"/>	2023-09-01	Program Volunteer	Submitted	1A Basketball	1A Kimberley/Cranbrook

MY OPTIONS dropdown menu items:

- MY PROFILE
- MY ENROLLMENTS**
- MY CLUBS AND SCHEDULE
- MY COMMITTEES
- MY ROLES
- MY PAYMENT INFO
- MY BALANCE
- ADD ME AS ATHLETE
- ADD ME AS VOLUNTEER
- CHANGE PASSWORD

## **CONTACTS FOR SUPPORT AND QUESTIONS**

Questions regarding the programs and registration, please contact your local coordinator or registration coordinator.