

# VOLUNTEER REGISTRATION FORM (2024 / 2025)

**SOBC Local\*\*:** \_\_\_\_\_  Returning Volunteer  New Volunteer

\*\*Local is the community you wish to volunteer with

<b>VOLUNTEER INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Gender:</b>	
<b>Personal Email Address:</b>		
<b>Street Address:</b>		<b>City:</b>
<b>Postal Code:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>NCCP# (if known):</b>		
<b>VOLUNTEER POSITIONS (please check the roles you are interested in)</b>		
<b>Sport Programs (sports offered with vary by Local)</b>		
<input type="checkbox"/> 5-Pin Bowling (Tuesdays) <input type="checkbox"/> 5-Pin Bowling (Saturdays) <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Curling	<input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Fit Families & Friends <input type="checkbox"/> Learn to Swim <input type="checkbox"/> Learn to Skate	<input type="checkbox"/> Snowshoeing <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Track & Field <input type="checkbox"/> Active Start (ages 2-6) <input type="checkbox"/> FUNdamentals (ages 7-11) <input type="checkbox"/> Club Fit (Fitness) <input type="checkbox"/> Athletic Club
I'm interested in role of <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Program Volunteer		
<b>Administration Roles</b>		
<b>Executive</b> <input type="checkbox"/> Local Coordinator <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Athlete Leadership Coordinator	<input type="checkbox"/> Fundraising Coordinator <input type="checkbox"/> Public Relations Coordinator <input type="checkbox"/> Registration Coordinator <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	<b>Other Roles</b> <input type="checkbox"/> General Volunteer <input type="checkbox"/> Event Volunteer <input type="checkbox"/> Other
Additional comments on the volunteer roles you are interested in (optional)		
<b>REFERENCES – Please provide two references (only required for NEW volunteers)</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		

Volunteer Name: \_\_\_\_\_ SOBC LOCAL: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION** (only required if volunteer is under 19)

Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Same Contact Info as Volunteer (please list anything different below)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Relationship to Volunteer:  Parent/Guardian  Spouse  Friend  Relative

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Health Card #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergies:  Yes  No If yes, please provide Allergy Detail (including food, drugs, or other)

Allergy Treatment (ie. does the volunteer carry an epi-pen, medication, etc.):

Medical Notes (please include additional information as applicable)

*By filling in my name below I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information should it change*

**VOLUNTEER SIGNATURE** (if 19 years or over)

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (required for volunteer who is under 19)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*If filling in, and submitting the form online you may type your name in the signature line\*\***

# SPECIAL OLYMPICS SIGNATURE FORM

The Special Olympics Terms and Conditions are basic rules for participation in Special Olympics. The full wording of the Terms and Conditions can be found here:



<https://www.specialolympics.ca/british-columbia/terms-and-conditions-participation>

Athletes/volunteers must agree to the Terms and Conditions to participate in Special Olympics. By signing below you agree to the Special Olympics Terms and Conditions on behalf of yourself or your child/ward.

## Part 1: CRIMINAL RECORD

Has the person who is being registered or enrolled ever been charged with or convicted of any criminal offence?

Circle one response:

**No**

**Yes**

## Part 2: MEDIA RELEASE OPT-IN/OPT-OUT

I allow Special Olympics to use my/their picture, words, or voice in promotional media.

Circle one response:

**Yes**

**No**

**Part 3: SIGNATURE**

**I agree to the Special Olympics Terms and Conditions and attest that my answers on the media release opt-in/opt-out and criminal record are true.**

**If you are signing for yourself, please complete this section:**

_____	_____
<b>First Name</b>	<b>Last Name</b>
_____	_____
<b>Signature</b>	<b>Date</b>

**OR**

**If you are signing on behalf of your child or ward, please complete this section:**

_____	_____
<b>Child/Ward First Name</b>	<b>Child/Ward Last Name</b>
_____	_____
<b>First Name</b>	<b>Last Name</b>
_____	_____
<b>Signature</b>	<b>Date</b>