

VOLUNTEER REGISTRATION FORM (2025 / 2026)



SOBC Local*: _____ ☐ Returning Volunteer** ☐ New Volunteer

**For Returning Volunteers: ☐ No Change in Contact Information (Jump to Page 2 for Programs and Roles)

*Local is the community you wish to volunteer with

VOLUNTEER INFORMATION

First Name:	Last Name:
Date of Birth (yyyy/mm/dd):	Gender:
Personal Email Address:	
Home Phone:	Cell Phone:
NCCP# / Locker ID (if known):	

TERMS AND CONDITIONS



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?

☐ Yes ☐ No

Part 2: Media Release Opt-in / Opt-out:

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

☐ Yes ☐ No

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

☐ Yes

PRIMARY/ HOME ADDRESS

Street Address:	City:	
Province:	Country:	Postal Code:

MEDICAL INFORMATION

Health Card #:	
Physician's Name:	Physician Phone:
Does Volunteer Take Any Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide medication details in CAPITAL LETTERS or attach a printed copy)	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide Allergy Details, such as foods, drugs, or other)	Allergy Treatment: (ie. does the volunteer carry an epi-pen or medication in the event of anaphylaxis?):
Does Volunteer have Down Syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Volunteer have Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Medical Notes: (please include additional information as applicable, such as Health Conditions or Health Devices)	

EMERGENCY CONTACT INFORMATION**Contact Name:****Relationship to Volunteer:** ☐ Parent/Guardian ☐ Spouse ☐ Friend ☐ Relative**Primary Phone:****Cell Phone:****PARENT / GUARDIAN INFORMATION (only required if volunteer is under 19 years of age)****Name:****Relationship to Volunteer:**☐ Same Contact Info as Volunteer (please list anything different below)**Street Address:****City:****Province:****Country:****Postal Code:****Home Phone:****Cell Phone:****Email:****REFERENCES – Please provide two references (only required for NEW volunteers)****Name:****Phone:****Email:****Relationship to Volunteer Applicant:****Name:****Phone:****Email:****Relationship to Volunteer Applicant:****VOLUNTEER POSITIONS****Please write your preferred role next to the program: Head Coach, Assistant Coach, or Program Volunteer.****Sport Programs (sports offered will vary by Local)****Winter**

- ☐ 5-Pin Bowling
- ☐ Alpine Skiing
- ☐ Cross Country Skiing
- ☐ Curling
- ☐ Figure Skating
- ☐ Floor Ball
- ☐ Snowshoeing
- ☐ Speed Skating

Summer

- ☐ 10-Pin Bowling
- ☐ Basketball
- ☐ Bocce
- ☐ Golf
- ☐ Powerlifting
- ☐ Rhythmic Gymnastics
- ☐ Soccer
- ☐ Softball
- ☐ Swimming
- ☐ Track & Field

Other Programs

- ☐ Active Start (ages 2-6)
- ☐ FUNdamentals (ages 7-11)
- ☐ Club Fit (Fitness)

Administration Roles**Executive**

- ☐ Local Coordinator
- ☐ Program Coordinator
- ☐ Volunteer Coordinator
- ☐ Athlete Leadership Coordinator

- ☐ Fundraising Coordinator
- ☐ Public Relations Coordinator
- ☐ Registration Coordinator
- ☐ Secretary
- ☐ Treasurer

Other Roles

- ☐ General Volunteer
 - ☐ Event Volunteer
 - ☐ Other
- (_____)

Additional comments on the volunteer roles you are interested in (optional)

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 of age)**Volunteer Signature:****Date:****PARENT/GUARDIAN SIGNATURE (required if volunteer is under 19 years of age)****Parent/Guardian Signature:****Date:****Printed Name:**