SPECIAL OLYMPICS NEWFOUNDLAND & LABRADOR VOLUNTEER REGISTRATION FORM - Generic

2020-2021

VOLUNTEER REGISTRATION FORM - Generic														
FIRST NAME					Middle Name/Initial									
LAST NAME						KNAME/								
	Cell Phone	Home P	hone				Email A	Addres	s					
Contact	Cell Phone Provider (for clubs to send emails as a text)													
INFORMATION AND HOME	Bell Eastlink Koodo Rogers Telus Virgin Other: Street Number and Name: Street Numer and Name: Street Number and Name:													
ADDRESS				0.11										
	P.O. Box City			City							Province NL	Posta	al Code	
MCP#			МСРІ			CP E	EXPIRY DATE			/.mm.c	ld			
DATE OF BIRTH	yyyy / mm	/ dd	Α	GE:				(GENDER		Male	Fema	le	
EMERGENCY	Name						Relations	hip						
CONTACT	Cell Phone Alternate Phone													
INFORMATION														
COACHING COURSES	Competition Course	Generic Co	urse	Ethic	s Course		NCC	2 P #						
My Position with the Club	Sports H			Coach	Coach		Prog. Vol.		Administrative Roles				Χ	
									Club Coordinator					
									Program Coordinator					
									Club Registrar Fundraising Coordinator					
									Treasurer					
									Secretary					
							Socia		Social Co	Coordinator				
									Parent Re	ent Representative				
										Representative				
					<u> </u>				Member at Large Other: Please Specify:					
									Ouler. Flease Specify.					
								<u> </u>						
VOLUNTEER ORIENTATION											Agree Disagree			
CRIMINAL RECORD	International internationa internatinternational international international international													
CURRENT POLICE RECORD CHECK	yyyy/mm/dd yyyy/mm/dd Yes No Date Applied:													
STATUS	New Volunteer (Please fill in references below) Returning Volunteer													
References	Name: Personal						Name: Work							
	Phone Number:						Phone Number:							
	Relationship:							Relationship:						
Reference Check	Yes Completed	By:												
COMPLETED	Name of Club Executive who completed reference check Check & Vulnerable Sector Screening: I understand that I am required to immediately inform the Executive Director of													
	Check & Vulnerable S L of any charge or convi													
with Should I be co	invicted of a criminal offe	ence, a decision	will l	be made	e as to my	, fui	ture eligib	oility a	as a volunte	er wit	h Special Ol	vmnic	s NL.	