

VOLUNTEER REGISTRATION FORM (2024 / 2025)

SOBC Local:** _____ Returning Volunteer New Volunteer

**Local is the community you wish to volunteer with

VOLUNTEER INFORMATION		
First Name:	Last Name:	
Date of Birth (mm/dd/yyyy):	Gender:	
Personal Email Address:		
Street Address:		City:
Postal Code:	Home Phone:	Cell Phone:
NCCP# (if known):		
VOLUNTEER POSITIONS (please check the roles you are interested in)		
Sport Programs (sports offered with vary by Local)		
<input type="checkbox"/> 5-Pin Bowling Winter (Monday) <input type="checkbox"/> 5-Pin Bowling Winter (Friday) <input type="checkbox"/> 5-Pin Bowling Spring <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"/> 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"/> Athlete Leadership Program
I'm interested in role of <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Program Volunteer		
Administration Roles		
Executive <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	Other Roles <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)		
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 Name: _____ SOBC LOCAL: _____

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

Name:		Relationship to Volunteer:	
<input type="checkbox"/> 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: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative	
Home Phone:	Cell Phone:

MEDICAL INFORMATION

Health Card #:	
Physician Name:	Physician Phone:
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> 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:

_____	_____
First Name	Last Name
_____	_____
Signature	Date

OR

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

_____	_____
Child/Ward First Name	Child/Ward Last Name
_____	_____
First Name	Last Name
_____	_____
Signature	Date