

SPECIAL OLYMPICS BRITISH COLUMBIA VOLUNTEER/COACH REGISTRATION FORM

DATE			<i>Numerical Identifier – Office Use Only</i>			
FIRST NAME		MIDDLE NAME /INITIAL		LAST NAME		
HOME ADDRESS AND CONTACT INFORMATION	<i>Address</i>					
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>		
	<i>Home Phone #</i>		<i>Home Fax #</i>			
	<i>E-mail Address</i>		<i>Cell Phone #</i>			
EMERGENCY CONTACT INFORMATION	<i>Name</i>			<i>Relationship</i>		
	<i>Day Phone #</i>		<i>Evening Phone #</i>			
GENDER	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	ABORIGINAL	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	DATE OF BIRTH	<i>Month Day Year</i>	
CARE CARD #						
RELATED TO AN ATHLETE	<i>If yes, please give athlete's name and relationship.</i>			NCCP #		
CRIMINAL RECORD	Do you have a criminal record of any kind, or have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the nature of the offence: _____					
CURRENT VOLUNTEER POSITIONS	Sports	Head Coach	Assistant Coach	Program Volunteer	Administration Roles	X
	Active Start				<i>Executive</i>	
	Athletics (T&F)				Community (Local) Coordinator	<input type="checkbox"/>
	Athletic Club				Program Coordinator	<input type="checkbox"/>
	Basketball				Volunteer Coordinator	<input type="checkbox"/>
	Bocce				Fundraising Coordinator	<input type="checkbox"/>
	Bowling, 10-Pin				Treasurer	<input type="checkbox"/>
	Bowling, 5-Pin				Secretary	<input type="checkbox"/>
	Curling				PR Coordinator	<input type="checkbox"/>
	Floor Hockey				Family Coordinator	<input type="checkbox"/>
	FUNDamentals				Athlete Coordinator	<input type="checkbox"/>
	Golf				Other	<input type="checkbox"/>
	Powerlifting				<i>Subcommittee</i>	
	Rhythmic Gym.				Program Committee (Assistant)	<input type="checkbox"/>
	Skating, Figure				Volunteer Committee (Assistant)	<input type="checkbox"/>
	Skating, Speed				Fundraising Committee (Assistant)	<input type="checkbox"/>
	Skiing, Alpine				PR Committee (Assistant)	<input type="checkbox"/>
	Skiing, Cross-Country				Family Committee (Assistant)	<input type="checkbox"/>
	Snowshoeing					
	Soccer					
	Softball				General Volunteer	<input type="checkbox"/>
Swimming						

SEE REVERSE SIDE

SPECIAL OLYMPICS BC VOLUNTEER/COACH REGISTRATION FORM, PAGE 2

**FIRST
NAME**

**LAST
NAME**

Provincial Privacy Policy

Special Olympics BC adheres to all legislative requirements with respect to protecting your personal information. We will not rent, sell, or trade your personal information. Information provided will be used for communication purposes to deliver programs, services, special events, funding activities and more. To view the Special Olympics BC privacy policy in detail, please visit <http://www.specialolympics.bc.ca/privacy>.

Provincial Waiver or Release

I, the undersigned coach, volunteer, official, parent, or administrator, hereby request permission to participate in Special Olympics programs. I agree to abide by Special Olympics rules, policies, procedures, philosophies, and codes of conduct. I acknowledge that I will be using facilities and programs at my own risk and I hereby release, discharge, and indemnify Special Olympics British Columbia Society, Special Olympics Canada Inc., and the directors, officers, volunteers, and staff of these organizations from all liability for injury to person or damage to property both now and in the future. In participating in Special Olympics activities, I am specifically granting permission to use my likeness, voice, and words in television, radio, film, newspaper, magazine, internet, and other media, and in any form not heretofore described for the purpose of advertising or communicating the purposes or activities of Special Olympics and in appealing for funds to support such activities. The information I have provided may be verified and I give permission to the Special Olympics British Columbia Society to make inquiries of others which may include a background investigation to determine my suitability to act as a Special Olympics volunteer. As a volunteer, I may be dealing with confidential and personal information and I agree that I will keep such information in the strictest confidence. If I am unable to be consulted in case of any emergency or necessity, Special Olympics and its agents are authorized on my behalf and for my account to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and well-being. The relationship between the Special Olympics British Columbia Society and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or the Special Olympics British Columbia Society. Any and all references to Special Olympics include and apply equally to Special Olympics Inc., Special Olympics Canada Inc., and Special Olympics British Columbia Society. I understand that misrepresentation or omission of information on my part is cause for refusal or dismissal as a volunteer with Special Olympics. I affirm that I have read the above and that the information I have given is true and complete.

Volunteer

_____ *Signature*

_____ *Print Name*

_____ *Date*

Volunteers under the age of 19 must have parent/caregiver/legal guardian sign this release on their behalf.

Parent/Caregiver/Guardian

_____ *Signature*

_____ *Print Name*

Parent/Caregiver/Guardian

_____ *Phone Number*

_____ *Date*



Special Olympics
British Columbia

To be completed by Local:

This registration has been received and verified by Local # _____

_____ *Initials*

FORMS:

DATE PRINTED:

BC SPECIAL OLYMPICS – VICTORIA VOLUNTEER REGISTRATION

PROGRAM YEAR: _____

Sex (M or F):

Home Phone (250):

Business Phone (250):
(list only if you may be contacted at work)

First Name:

Last Name:

Cell:

Address:

Fax:

City:

BC

Postal Code:

Email:

Volunteer

Administrative:

(I wish to volunteer for the Steering Committee)

Program:

(I wish to be a coach or assist in one or more of the following sports)

Special Events:

(I am available for special events)

Sports

Speed Skating:

Snowshoes:

Rhythm Gym:

Athletic Club:

Alpine Skiing:

Nordic Skiing:

Fig Skating:

5 Pin Bowl:

Floor Hockey:

Curling:

Swimming:

Track/Field:

Softball:

Tball:

Soccer:

Golf:

History Please indicate your volunteer experience with Special Olympics or other organizations: (Use back of sheet if necessary.)

A:

B:

Year of First Registration with BCSO -

DATE:

Certification Please list National Coaching Certification Program course(s) taken. (Use back of sheet if necessary.)

1.

2.

Emergency Contact

In case of emergency contact name:

Relationship:

Telephone Day:

Night:

Medical Information Please provide as much information as possible, use back of sheet if necessary.

Medical Card No.:

Doctor's Name:

Dr.'s Telephone:

Diabetic?:

Treatment:

Tetanus shot?

Year:

Asthma?:

Heart Condition?:

Allergies?:

List:

Glasses?:

Hearing Aid?

Dentures?:

Contact lenses?:

Medication:

Name & dosage:

Frequency:

Name2 & dosage:

Frequency2:

Release (please read carefully)

I, the undersigned volunteer, give BC Special Olympics permission to do a criminal check, if required.

I, the undersigned volunteer release, discharge & indemnify Canadian Special Olympics Inc. from all liability for injury to person or damage to property of myself. Any reference to Canadian Special Olympics Inc. includes & applies equally to the Provincial and local chapters.

I, the undersigned volunteer, give BC Special Olympics – Victoria permission to contact the following two references who are not related to me:

1. Name:

1. Telephone:

2. Name:

2. Telephone:

X

Signature of volunteer

Date