VOLUNTEER REGISTRATION FORM (2025 / 2026)

Special Olympics British Columbia

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:	

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	**Summer**	**Other Programs**
☐ 5-Pin Bowling	☐ 10-Pin Bowling	☐ Active Start (ages 2-6)
☐ Alpine Skiing	☐ Basketball	☐ FUNdamentals (ages 7-11)
☐ Cross Country Skiing	☐ Bocce	☐ Club Fit (Fitness)
☐ Curling	☐ Golf	
☐ Figure Skating	☐ Powerlifting	
☐ Floor Ball	☐ Rhythmic Gymnastics	
☐ Snowshoeing	☐ Soccer	
☐ Speed Skating	☐ Softball	
	☐ Swimming	
	☐ Track & Field	

Administration Roles

Executive		**Other Roles**
☐ Local Coordinator	☐ Fundraising Coordinator	☐ General Volunteer
☐ Program Coordinator	☐ Public Relations Coordinator	☐ Event Volunteer
☐ Volunteer Coordinator	☐ Registration Coordinator	☐ Other
☐ Athlete Leadership Coordinator	☐ Secretary	(_____)
	☐ Treasurer	

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

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 CONTACT INFO		
Home Phone:	**Cell Phone:**	
NCCP# / Locker ID (if known):		
Street Address:		**City:**
Province:	**Country:**	**Postal Code:**
MEDICAL INFORMATION		
Health Card #:		
Physician's Name:	**Physician Phone:**	
Does Volunteer Take Any Medication? ☐ **Yes** ☐ **No** **(If yes, please provide Medication Details)**		
Allergies: ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **No**	**Does Volunteer have Seizures?** ☐ **Yes** ☐ **No**	
Other Medical Notes: (please include additional information as applicable, such as Health Conditions or Health Devices)		
EMERGENCY CONTACT INFORMATION		
Contact Name:	**Email:**	
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:		
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:		