

# VOLUNTEER REGISTRATION FORM (2026 / 2027)

**SOBC Local\*:** 3F Langley ☐ 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 (mm/dd/yyyy): | Gender:    |
| Personal Email Address:     |            |

## VOLUNTEER POSITIONS

Please write your preferred role next to the program: **Head Coach, Assistant Coach, or Program Volunteer.**

| Winter                                            | Role? | Spring                                          | Role? | Other Programs                                   | Role? |
|---------------------------------------------------|-------|-------------------------------------------------|-------|--------------------------------------------------|-------|
| 5-Pin Bowling                                     |       | <input type="checkbox"/> Track & Field          |       | <input type="checkbox"/> Club Fit (Oct thru May) |       |
| <input type="checkbox"/> Mondays                  |       | <input type="checkbox"/> Bocce                  |       |                                                  |       |
| <input type="checkbox"/> Fridays                  |       | <input type="checkbox"/> 5-Pin Bowling (Friday) |       |                                                  |       |
| <input type="checkbox"/> Curling                  |       | <input type="checkbox"/> Golf                   |       |                                                  |       |
| <input type="checkbox"/> Floor Ball               |       | <input type="checkbox"/> Soccer                 |       |                                                  |       |
| <input type="checkbox"/> Swimming                 |       | <input type="checkbox"/> Softball               |       |                                                  |       |
| <input type="checkbox"/> Basketball[A] .[C1].[C2] |       |                                                 |       |                                                  |       |
| <input type="checkbox"/> Rhythmic Gymnastics      |       |                                                 |       |                                                  |       |

## Administration Roles

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                            |                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive</b><br><input type="checkbox"/> Local Coordinator<br><input type="checkbox"/> Program Coordinator<br><input type="checkbox"/> Volunteer Coordinator<br><input type="checkbox"/> Athlete Leadership Coordinator | <input type="checkbox"/> Fundraising Coordinator<br><input type="checkbox"/> Public Relations Coordinator<br><input type="checkbox"/> Registration Coordinator<br><input type="checkbox"/> Secretary<br><input type="checkbox"/> Treasurer | <b>Other Roles</b><br><input type="checkbox"/> General Volunteer<br><input type="checkbox"/> Event Volunteer<br><input type="checkbox"/> Other<br>( ) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|             |             |
|-------------|-------------|
| Home Phone: | Cell Phone: |
|-------------|-------------|

|                                                                                                                                                                                  |          |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------|
| NCCP# / Locker ID (if known):                                                                                                                                                    |          |                                                                                                          |
| Street Address:                                                                                                                                                                  |          | City:                                                                                                    |
| Province:                                                                                                                                                                        | Country: | Postal Code:                                                                                             |
| <b>MEDICAL INFORMATION</b>                                                                                                                                                       |          |                                                                                                          |
| Health Card #:                                                                                                                                                                   |          |                                                                                                          |
| Physician's Name:                                                                                                                                                                |          | Physician Phone:                                                                                         |
| Does Volunteer Take Any Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide Medication Details)                                         |          |                                                                                                          |
| 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)                                                          |          |                                                                                                          |
| <b>EMERGENCY CONTACT INFORMATION</b>                                                                                                                                             |          |                                                                                                          |
| Contact Name:                                                                                                                                                                    |          |                                                                                                          |
| Relationship to Volunteer: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative            |          |                                                                                                          |
| Primary Phone:                                                                                                                                                                   |          | Cell Phone:                                                                                              |
| <b>PARENT / GUARDIAN INFORMATION</b> (only required if volunteer is under 19 years of age)                                                                                       |          |                                                                                                          |
| Name:                                                                                                                                                                            |          | Relationship to Volunteer:                                                                               |
| <input type="checkbox"/> Same Contact Info as Volunteer (please list anything different below)                                                                                   |          |                                                                                                          |
| Street Address:                                                                                                                                                                  |          | City:                                                                                                    |
| Province:                                                                                                                                                                        | Country: | Postal Code:                                                                                             |
| Home Phone:                                                                                                                                                                      |          | Cell Phone:                                                                                              |
| Email:                                                                                                                                                                           |          |                                                                                                          |
| <b>REFERENCES – Please provide two references (only required for NEW volunteers)</b>                                                                                             |          |                                                                                                          |
| 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 |          |                                                                                                          |
| <b>VOLUNTEER SIGNATURE</b> (if 19+ years of age)                                                                                                                                 |          |                                                                                                          |
| Volunteer Signature:                                                                                                                                                             |          | Date:                                                                                                    |
| <b>PARENT/GUARDIAN SIGNATURE</b> (required if volunteer is under 19 years of age)                                                                                                |          |                                                                                                          |
| Parent/Guardian Signature:                                                                                                                                                       |          | Date:                                                                                                    |
| Printed Name:                                                                                                                                                                    |          |                                                                                                          |