

# VOLUNTEER REGISTRATION FORM (2021 / 2022)

**SOBC Local\*\*:** ABBOTSFORD

Returning Volunteer  New Volunteer

\*\*Local is the community you wish to volunteer with

<b>VOLUNTEER INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Gender:</b>	
<b>Email:</b>		
<b>Street Address:</b>		<b>City:</b>
<b>Postal Code:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>NCCP# (if known):</b>		
<b>VOLUNTEER POSITIONS (please check the roles you are interested in)</b>		
<b>Sport Programs (sports offered with vary by Local)</b>		
<input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Curling	<input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Powerlifting <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Soccer <input type="checkbox"/> Softball	<input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Track & Field <input type="checkbox"/> Active Start (ages 2-7) <input type="checkbox"/> FUNdamentals (ages 7-12) <input type="checkbox"/> Club Fit (Fitness)
I'm interested in role of <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Program Volunteer		
<b>Administration Roles</b>		
<b>Executive</b> <input type="checkbox"/> Local Coordinator <input type="checkbox"/> Treasurer <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> Fundraising Coordinator <input type="checkbox"/> Public Relations Coordinator <input type="checkbox"/> Registration Coordinator <input type="checkbox"/> Secretary	<b>Other Roles</b> <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)		
<b>REFERENCES – Please provide two references (only required for NEW volunteers)</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		

Volunteer Name: \_\_\_\_\_ SOBC LOCAL: ABBOTSFORD

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

Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

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:  Parent/Guardian  Spouse  Friend  Relative

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Health Card #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Seizures:  Yes  No If yes, please indicate seizure type, frequency, and treatment plan:

Allergies:  Yes  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\*\***