VOLUNTEER REGISTRATION FORM (2024 / 2025)

**SOBC Local\*\*:** **☐ Returning Volunteer** **New Volunteer**



**☐**

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

|  |  |  |  |  |
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| **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)** | | | | |
| * 5-Pin Bowling * Basketball * Bocce * Curling | * Floor Hockey * Golf * Powerlifting * Rhythmic Gymnastics * Soccer * Softball | | | * Speed Skating * Snowshoeing * Swimming * Track & Field * Active Start (ages 2-6) * FUNdamentals (ages 7-11) * Sport Start (ages 12-16) * Club Fit (Fitness) |
| I’m interested in role of ☐ Head Coach ☐ Assistant Coach ☐ Program Volunteer | | | | |
| **Administration Roles** | | | | |
| **Executive**   * Local Coordinator * Program Coordinator * Volunteer Coordinator * Athlete Leadership Coordinator | * Fundraising Coordinator * Public Relations Coordinator * Registration Coordinator * Secretary * Treasurer | | | **Other Roles**   * General Volunteer * Event Volunteer * 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:**

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| **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:** | | | |
| **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)** | | | | | |

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| --- | --- |
| *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\*\*