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\*\*