

VOLUNTEER REGISTRATION FORM (2021 / 2022)

SOBC Local:** _____ Returning Volunteer New Volunteer

**Local is the community you wish to volunteer with

VOLUNTEER INFORMATION		
First Name:	Last Name:	
Date of Birth (mm/dd/yyyy):	Gender:	
Email:		
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)		
<input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Cross Country Skiing <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"/> Snowshoeing <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		
Administration Roles		
Executive <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	Other Roles <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)		
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: _____

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

Name:		Relationship to Volunteer:
<input type="checkbox"/> 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: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative	
Home Phone:	Cell Phone:

MEDICAL INFORMATION

Health Card #:	
Physician Name:	Physician Phone:
Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate seizure type, frequency, and treatment plan:	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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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****