



# Special Olympics BC – Vancouver

## Volunteer Application Form



Please Print Legibly. Complete as much information as possible to the best of your knowledge. Thank you.

### PERSONAL INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Bus.: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sex (M or F): \_\_\_\_\_ Birth date (DD-MMM-YYYY): \_\_\_\_\_

### VOLUNTEER INFORMATION

What type of position you are interested in:

- Coaching \_\_\_\_\_
- Administration \_\_\_\_\_
- Event Volunteer \_\_\_\_\_

**SPORTS** Please circle programs you wish to attend as a volunteer:

- |                                          |                                                      |                                       |
|------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="radio"/> 10-pin bowling     | <input type="radio"/> Rhythmic Gymnastics            | <input type="radio"/> Bocce           |
| <input type="radio"/> 5-pin bowling      | <input type="radio"/> Skating – Beginner/Figure      | <input type="radio"/> Golf            |
| <input type="radio"/> Active Start       | <input type="radio"/> Skating – Speed                | <input type="radio"/> Soccer          |
| <input type="radio"/> Basketball         | <input type="radio"/> Skiing – Alpine                | <input type="radio"/> Softball        |
| <input type="radio"/> Curling            | <input type="radio"/> Skiing – Nordic                | <input type="radio"/> T-ball          |
| <input type="radio"/> Fitness            | <input type="radio"/> Snowshoeing                    | <input type="radio"/> Track and Field |
| <input type="radio"/> Floor Hockey – Dev | <input type="radio"/> Swimming                       | <input type="radio"/> Running club    |
| <input type="radio"/> Floor Hockey – C   | <input type="radio"/> Weight Training – Dev          | <input type="radio"/> Walking club    |
| <input type="radio"/> FUNdamentals       | <input type="radio"/> Weight Training – Powerlifting |                                       |

Availability:  weekday evenings  weekends, flexible

Mode of Transportation: \_\_\_\_\_

Have you ever applied to volunteer with BC Special Olympics before? \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interests, Hobbies: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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### **VOLUNTEER INFORMATION CONT...**

Languages, Special Skills (i.e sign language): \_\_\_\_\_  
\_\_\_\_\_

Formal Certification (eg. NCCP, First Aid) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Special Olympics? \_\_\_\_\_  
\_\_\_\_\_

What are your motivations for volunteering for Special Olympics? \_\_\_\_\_  
\_\_\_\_\_

What positive qualities do you bring to Special Olympics? \_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from your experience with Special Olympics? \_\_\_\_\_  
\_\_\_\_\_

### **SPONSOR INFORMATION** (to be completed if applicant is being sponsored by a current BCSO volunteer)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **REFERENCE INFORMATION** (to be completed by applicants without sponsors)

#### **Reference #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

#### **Reference #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_



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### **CODE OF CONDUCT**

BC Special Olympics volunteers make it possible for athletes to benefit from quality sport training and challenging sport competition in a safe and possible environment. As a volunteer, you accomplish this by allowing the athletes the opportunity to interact with caring individuals, observe mature behaviour, and learn responsibility from your positive example. As a volunteer, you are expected to:

Fulfill the Responsibilities and Expectations of your Assignment:

- carry out all aspects of your assignment
- take the initiative to become aware of the responsibilities of your assigned position
- follow the policies and procedures of BC Special Olympics

Set an Example for the Athletes:

- refrain from drinking alcohol or using profanity in the presence of athletes
- avoid any behaviour which may be misunderstood or misinterpreted by athletes
- maintain your self-control at all times
- treat everyone fairly within the context of their activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief, or economic status
- be helpful to and supportive of everyone associated with Special Olympics

Demonstrate Good Sportsmanship and Cooperation:

- consistently focus on the Athlete and the Special Olympic Mission
- respect the rules and support the decisions of all sport officials and committees
- follow proper protest protocols
- be respectful during ceremonies and help your athletes be the same
- praise the athletes for their efforts and encourage them to celebrate the success of others
- direct comments or criticism at the performance rather than the athlete
- support and encourage other volunteers and staff

### **AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION**

I, \_\_\_\_\_, authorize British Columbia Special Olympics to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references that I have provided.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

I, the undersigned coach, volunteer, official or administrator hereby release discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. In participating with Special Olympics activities I grant permission to use the likeness, voice and words of myself in television, radio, films, newspaper, magazine and other media, and in any form not appealing for funds to support such activities.

#### **Consent for Criminal Record Search:**

Whereas I am interested in being considered for a sensitive position of trust and well-being of BC Special Olympics participants and I am required by BC Special Olympics to disclose whether or not I have any convictions or have been charged under any federal or provincial enactment or have received pardons for any such convictions:

And whereas I understand that disclosure of a criminal record or pardon may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if BC Special Olympics should decide any conviction, pardon or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants.

I therefore authorize the RCMP, other Provincial or Municipal Police Service on my behalf to inquire into and determine whether or not I have a criminal record or have been granted a pardon for a past conviction, and also make to the BC Special Olympics member a full and complete disclosure of any criminal record or pardon they may find. I also make this authorization with the understanding that I may be requested to provide my fingerprints to verify a criminal record or pardon and the fingerprints will be returned to me when the record is adjudicated.

I acknowledge that all information above is completed to the best of my ability and I have read and approved all items on this document.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date (DD-MMM-YYYY)



# Special Olympics BC - Vancouver Volunteer Medical Form



Date Started in Special Olympics (DD-MMM-YYYY): \_\_\_\_\_

**PERSONAL INFORMATION** Please Print Legibly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Birth date (DD-MMM-YYYY): \_\_\_\_\_ Local **5B**

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**MEDICAL INFORMATION & HISTORY**

Medical Insurance Number: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

**MEDICATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

I acknowledge that all the information given on this form is correct, to the best of my knowledge, and that I will update this information as it changes.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date (DD-MMM-YYYY)