

VOLUNTEER REGISTRATION FORM (2023 / 2024)

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:	
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)

FALL/WINTER PROGRAMS		SPRING/SUMMER PROGRAMS
<input type="checkbox"/> 5-Pin Bowling	<input type="checkbox"/> Basketball	<input type="checkbox"/> Active Start (ages 2-6)
<input type="checkbox"/> 10-Pin Bowling	<input type="checkbox"/> Swimming	<input type="checkbox"/> FUNdamentals (ages 7-11)
<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Golf
<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Weight Training	<input type="checkbox"/> Softball
<input type="checkbox"/> Snowshoeing	<input type="checkbox"/> Floor Hockey (Developmental)	<input type="checkbox"/> Tee-Ball
<input type="checkbox"/> Speed Skating	<input type="checkbox"/> Floor Hockey (C-level)	<input type="checkbox"/> Bocce
<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Club Fit - Fitness	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Skate Skills	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Club Fit - Running Club
<input type="checkbox"/> Curling	<input type="checkbox"/> Sport Start Soccer (ages 12-18)	<input type="checkbox"/> Adult Soccer (ages 18+)

I'm interested in role of Head Coach Assistant Coach Program Volunteer

Administration Roles

Executive	<input type="checkbox"/> Local Coordinator	<input type="checkbox"/> Fundraising Coordinator	Other Roles	
	<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> Public Relations Coordinator		<input type="checkbox"/> General Volunteer
	<input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> Registration Coordinator		<input type="checkbox"/> Event Volunteer
	<input type="checkbox"/> Athlete Leadership Coordinator	<input type="checkbox"/> Secretary		<input type="checkbox"/> Other
		<input type="checkbox"/> Treasurer		

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:
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:

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****