

# VOLUNTEER REGISTRATION FORM (2022 / 2023)

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

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

<b>VOLUNTEER INFORMATION</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Gender:</b>	
<b>Personal Email Address:</b>		
<b>Street Address:</b>		<b>City:</b>
<b>Postal Code:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>NCCP# (if known):</b>		
<b>VOLUNTEER POSITIONS (please check the roles you are interested in)</b>		
<b>Sport Programs (sports offered with vary by Local)</b>		
<input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> 10-Pin Bowling <input type="checkbox"/> Basketball <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Curling	<input type="checkbox"/> Floor Hockey <input type="checkbox"/> Powerlifting <input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Swimming <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		
<b>Administration Roles</b>		
<b>Executive</b> <input type="checkbox"/> Local Coordinator <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Athlete Leadership Coordinator	<input type="checkbox"/> Fundraising Coordinator <input type="checkbox"/> Public Relations Coordinator <input type="checkbox"/> Registration Coordinator <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer	<b>Other Roles</b> <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)		
<b>REFERENCES – Please provide two references (only required for NEW volunteers)</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Relationship to volunteer applicant:</b>		

Volunteer Name: \_\_\_\_\_ SOBC LOCAL: \_\_Kamloops\_\_\_\_\_

**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:
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**PARENT/GUARDIAN SIGNATURE** (required for volunteer who is under 19)

Parent/Guardian Signature:	Date:
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Printed Name:
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**\*\*If filling in, and submitting the form online you may type your name in the signature line\*\***