

SPECIAL OLYMPICS NOVA SCOTIA VOLUNTEER/COACH APPLICATION FORM

TITLE	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>	LAST NAME		<i>Numerical Identifier - Office Use Only</i>	
FIRST NAME		MIDDLE NAME OR INITIAL		<i>Commonly Used name</i>	
HOME ADDRESS & CONTACT INFORMATION	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>	<i>E-mail Address</i>	
BUSINESS ADDRESS & PHONE NO.	<i>Company Name</i>			<i>Suite/Unit No.</i>	
	<i>Street Name & No.</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>City</i>				
	<i>Business Phone No.</i>		<i>Fax No.</i>		
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH	Month Day Year	
PROV. HEALTH CARD	<i>Provincial Health Card No.</i>		<i>Expiry Date (if applicable)</i>	<i>Issuing Province</i>	
CONTACT PREFERENCE	English <input type="checkbox"/> French <input type="checkbox"/>		PREFERRED METHOD OF CONTACT	Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/>	
MAIL TO	Home <input type="checkbox"/> Business/School <input type="checkbox"/>		SPOKEN LANGUAGES	English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
AVAILABILITY	<input type="checkbox"/> Weekdays - Daytime <input type="checkbox"/> Weekdays - Evening <input type="checkbox"/> Weekends				
PREFERRED PROGRAM(S)	WINTER SPORTS		SUMMER SPORTS		
	<input type="checkbox"/> Floor Hockey <input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> Curling <input type="checkbox"/> Figure Skating <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Speed Skating <input type="checkbox"/> Cross Country Skiing		<input type="checkbox"/> Swimming <input type="checkbox"/> Soccer <input type="checkbox"/> Golf <input type="checkbox"/> 5-Pin Bowling <input type="checkbox"/> Athletics <input type="checkbox"/> Powerlifting <input type="checkbox"/> Masters OTHER <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Softball <input type="checkbox"/> Youth		
PREFERRED VOLUNTEER POSITION(S)	<input type="checkbox"/> Head Coach:		<input type="checkbox"/> Special Events		
	<input type="checkbox"/> Assistant Coach:		<input type="checkbox"/> Fundraising		
	<input type="checkbox"/> Competition		<input type="checkbox"/> Regional Committee		
	<input type="checkbox"/> Program Volunteer				
PROFILE	<i>Why do you want to become a Special Olympics Volunteer?</i>				
	<i>What are your current Skills, Training, Qualifications and Interests (particularly Coaching qualifications if applicable)?</i>				
	<i>Please indicate your volunteer experience. (Attach additional sheet if required)</i>				
	<i>Are you related to a Special Olympics athlete and if so, what is your relationship?</i>				
SEE REVERSE SIDE					

SPECIAL OLYMPICS CANADA - VOLUNTEER/COACH APPLICATION FORM

FIRST NAME		LAST NAME		<i>Numerical Identifier – Office Use Only</i>
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REFERENCES	<i>Name</i>		<i>Relationship</i>		
	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>		<i>E-mail Address</i>
	<i>Name</i>		<i>Relationship</i>		
	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>		<i>E-mail Address</i>
	<i>Name</i>		<i>Relationship</i>		
	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>		<i>E-mail Address</i>
	<i>Name</i>		<i>Relationship</i>		
	<i>Street Name & No.</i>		<i>Apt. No. or R.R. No.</i>		
	<i>City</i>		<i>Province</i>	<i>Postal Code</i>	
	<i>Home Phone No.</i>		<i>Cell/Mobile No.</i>		<i>E-mail Address</i>
<input type="checkbox"/> I give my permission for the references above to be contacted in connection with my application for a volunteer position with Special Olympics.					

Chapter Privacy Policy

Available Upon Request

Chapter Waiver or Release

Separate Document

I understand that the misrepresentation or omission of information in this application is cause for Refusal or Dismissal as a volunteer with Special Olympics and that I must obtain and pass a criminal records check as well as a child abuse registry check.

Applicant Name _____
Print Name

Date _____

Signature _____

Submit to: Regional Coordinator or Best Regional Contact.
 Please view on website at www.sons.ca or call 1-866-299-2019 or 429-2269

Regional Use:
 Waiver on File: Y N
 Release on File: Y N
 Child Abuse Registry Complete: Y N Results: Positive Negative
 Accepted as Volunteer: Y N Date: