

# SPECIAL OLYMPICS NOVA SCOTIA VOLUNTEER/COACH APPLICATION FORM

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

