

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	Street Name & No.		Apt. No. or R.R. No.					
	City		Province	Postal Code				
	Home Phone No.		Cell/Mobile No.	E-mail Address				
BUSINESS ADDRESS & PHONE NO.	Company Name			Suite/Unit No.				
	Street Name & No.		Province	Postal Code				
	City							
	Business Phone No.		Fax No.					
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH	Month Day Year				
PROV. HEALTH CARD	Provincial Health Card No.		Expiry Date (if applicable)	Issuing Province				
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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> WINTER 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 </td> <td style="width: 50%; vertical-align: top;"> SUMMER SPORTS <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 </td> </tr> </table>				WINTER 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	SUMMER SPORTS <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		
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PREFERRED VOLUNTEER POSITION(S)	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Head Coach: <input type="checkbox"/> Assistant Coach: <input type="checkbox"/> Competition <input type="checkbox"/> Program Volunteer </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Youth <input type="checkbox"/> Youth <input type="checkbox"/> Youth <input type="checkbox"/> Youth </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Adult <input type="checkbox"/> Adult <input type="checkbox"/> Adult <input type="checkbox"/> Adult </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Regional Committee </td> </tr> </table>				<input type="checkbox"/> Head Coach: <input type="checkbox"/> Assistant Coach: <input type="checkbox"/> Competition <input type="checkbox"/> Program Volunteer	<input type="checkbox"/> Youth <input type="checkbox"/> Youth <input type="checkbox"/> Youth <input type="checkbox"/> Youth	<input type="checkbox"/> Adult <input type="checkbox"/> Adult <input type="checkbox"/> Adult <input type="checkbox"/> Adult	<input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Regional Committee
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PROFILE	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?							
SEE REVERSE SIDE								

SPECIAL OLYMPICS CANADA - VOLUNTEER/COACH APPLICATION FORM**PAGE 2****FIRST
NAME****LAST
NAME***Numerical Identifier – Office Use Only*

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>
	<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.specialolympicsns.ca or call 1-866-299-2019 or 429-2266 x4

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: