



Volunteer Application Form

Title		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Email Address			
First Name		Middle Name/Initial		Last Name			
Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth		Month _____ Day _____ Year _____	
Home Address		Street Name and No.		Apt. No. or R.R. No.			
		City		Province		Postal Code	
Do you have a NCCP # with the Coaching Association of Canada?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please record NCCP No. (If you do not know your No., please indicate here and the office can look it up.)							
Emergency Contact		Name		Relationship			
		Home Phone No.		Work Phone No.			
		Cell Phone No.		Email Address			
SONS Regions		<input type="checkbox"/> Halifax		<input type="checkbox"/> Dartmouth		<input type="checkbox"/> Sackville / Bedford	
		<input type="checkbox"/> Digby		<input type="checkbox"/> Clare		<input type="checkbox"/> Annapolis	
		<input type="checkbox"/> Shelburne		<input type="checkbox"/> Lunenburg Queens		<input type="checkbox"/> Cobequid	
		<input type="checkbox"/> Pictou		<input type="checkbox"/> Eastern Highlands		<input type="checkbox"/> Cape Breton	
Program Information		PLEASE INDICATE THE CAPACITY IN WHICH YOU WOULD LIKE TO VOLUNTEER (SELECT ALL THAT APPLY):					
		<input type="checkbox"/> Coach		<input type="checkbox"/> Assistant Coach		<input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Sport Programs		<input type="checkbox"/> Regional Committees		<input type="checkbox"/> Special Events	
		<input type="checkbox"/> Board of Directors		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Active Start & FUNdamentals	
		<input type="checkbox"/> Unified Sport		<input type="checkbox"/> Fundraising Events		<input type="checkbox"/> Healthy Athletes	
		SPECIAL OLYMPICS NS OFFERS THE FOLLOWING PROGRAMS. IF YOU HAVE CHECKED SPORT PROGRAM, PLEASE INDICATE WHICH PROGRAM(S) YOU WOULD BE MOST INTERESTED IN VOLUNTEERING WITH.					
		<input type="checkbox"/> Active Start		<input type="checkbox"/> FUNdamentals		<input type="checkbox"/> Multi-Sport	
		<input type="checkbox"/> Athletics		<input type="checkbox"/> Basketball		<input type="checkbox"/> Bocce	
		<input type="checkbox"/> Figure Skating		<input type="checkbox"/> Floor Hockey		<input type="checkbox"/> Golf	
		<input type="checkbox"/> Soccer		<input type="checkbox"/> Softball		<input type="checkbox"/> Snowshoeing	
<input type="checkbox"/> 5-Pin Bowling		<input type="checkbox"/> Cross Country Skiing		<input type="checkbox"/> Curling			
<input type="checkbox"/> Powerlifting		<input type="checkbox"/> Rhythmic Gymnastics		<input type="checkbox"/> Unified			
<input type="checkbox"/> Speed Skating		Other: _____					
Medical Information		PLEASE INDICATE ANY MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF (I.E. — ALLERGIES, DIETARY RESTRICTIONS)					
Phone No.		Home		Cell		Primary Language	
						English <input type="checkbox"/> French <input type="checkbox"/>	
Volunteer Information		CURRENT SKILLS, TRAINING, QUALIFICATIONS AND INTERESTS:					
		PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE:					

References	PLEASE LIST TWO PERSONS WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. CAN INCLUDE A PERSONAL REFERENCE, A FAMILY MEMBER AND/OR AN EMPLOYER (FROM A PAID OR VOLUNTEER POSITION).	
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____
	Name: _____	Email Address: _____
	Phone No.: _____	Relationship: _____

Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? Yes No

If yes, please indicate the nature of the offence: _____

NOTE: Volunteers over the age of eighteen (18) must submit, along with their registration, a Criminal Record Check and Vulnerable Sector Check

I HAVE READ THE FOLLOWING DOCUMENTS AND AGREE TO THEIR GUIDELINES:

- 1.) Code of Conduct and Ethics - Pan Canadian Policy
 - 2.) Criminal Offenses and Investigations Policy - Policy 2000-17
- Policies can be found at www.specialolympics.ca/pei/learn/policies-publications

[] I am a Volunteer (18+); I confirm that the information provided is accurate.

Date: _____ Name: _____ Signature: _____

[] I am a parent or legal guardian of the volunteer named on this form and I confirm that the information provided is accurate.

Date: _____ Name: _____ Signature: _____

Special Olympics Nova Scotia
 100-371 St. Margarets Bay Rd., Halifax, Nova Scotia, B3N 1J8
 Phone: 902-429-2266 (www.sons.ca)