

REGION: \_\_\_\_\_



## **VOLUNTEER REGISTRATION FORM**

<b>Please Check One:</b> New Volunteer <input type="checkbox"/>	Returning Volunteer <input type="checkbox"/>
---	--

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt / Unit # \_\_\_\_\_

City \_\_\_\_\_ Province **NB** Postal Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YY

Gender: M  F

Medicare # \_\_\_\_\_

Spoken Language(s): English  French  Other \_\_\_\_\_

### **2. Activity Profile** (all activities may not be offered in all regions)

Please check the sports you would like to participate in this year;

Athletics <input type="checkbox"/>	Figure Skating <input type="checkbox"/>	Candlepin Bowling <input type="checkbox"/>
Floor Hockey <input type="checkbox"/>	Curling <input type="checkbox"/>	Nordic Skiing <input type="checkbox"/>
Speed Skating <input type="checkbox"/>	Rhythmic Gymnastics <input type="checkbox"/>	Softball <input type="checkbox"/>
Power Lifting <input type="checkbox"/>	Alpine Skiing <input type="checkbox"/>	Youth Programs <input type="checkbox"/>
Swimming <input type="checkbox"/>	Snow Shoeing <input type="checkbox"/>	Basketball <input type="checkbox"/>
Soccer <input type="checkbox"/>	5 pin Bowling <input type="checkbox"/>	Golf <input type="checkbox"/>

### **3. Certifications**

\_\_\_\_\_  
First Aid Expiry (MM/DD/YY)

\_\_\_\_\_  
CPR Expiry (MM/DD/YY)

\_\_\_\_\_  
NCCP Number

**Please complete page 2 of this document**



#### 4. Release

If you are a new volunteer (**over 18 years of age**), an original copy of a Criminal Record Check must accompany this registration form to the Special Olympics NB Provincial Office.

I, the undersigned coach, volunteer, official, parent, or administrator hereby release and discharge New Brunswick Special Olympics Society Inc. from all liability for injury to person or damage to property of myself. \*As a participating volunteer, I am granting permission to Special Olympics Canada Inc. to use my likeness, voice and words, in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising, communicating and appealing for funds to support such activities. \* I agree to abide by the Special Olympics Canada Inc. rules, policies and procedures and code of conduct. \*The information that I have provided may be verified, and I give permission to New Brunswick Special Olympics Society Inc. to make inquiries of others which may include background investigation to determine my suitability to act as a New Brunswick Special Olympics Society Inc Volunteer. \* As a participating volunteer, I may be dealing with confidential information and I agree to keep such information in the strictest confidence. \* The relationship between New Brunswick Special Olympics Society Inc. and volunteers in an “at will” arrangement and it may be terminated at any time without cause by either the volunteer or New Brunswick Special Olympics Society Inc. \* Any and all references to Special Olympics Canada Inc include and apply to New Brunswick Special Olympics Society Inc.

\*I affirm I have read the above and that the information I have given is true and complete

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return form to your Regional Coordinator or send directly to Special Olympics NB at address below.

Special Olympics NB  
C/O Program Director  
103-411 St. Mary's St  
Fredericton, NB E3A 8H4