



Special Olympics BC Volunteer Application Form

Applicant Information:

(circle one)
Mr.
Mrs.
Ms.
Miss
Dr.

Legal Surname: _____

Legal First Name: _____

Position Applying For: _____

Have you ever applied to volunteer with Special Olympics BC before? Yes No

If Yes, Where? _____ When? _____

Address: _____

_____ Birth date: _____

Home Phone #: _____ Bus/Cell Phone #: _____

Fax #: _____ E-mail: _____

Occupation and Employer: _____

Volunteer Experience: _____

Interests, Hobbies: _____

Special Skills, Languages: _____

Formal Certification (e.g. NCCP, First Aid): _____

How did you hear about Special Olympics BC? _____

What are some of your future goals in the field of recreation and sport? _____

Sponsor Information: (to be completed if applicant is being sponsored by a current SOBC volunteer)

Sponsor Name: _____
Last First

Address: _____

Home Phone #: _____ Bus. Phone #: _____

Reference Information: (to be completed by applicants without Sponsors)

Reference #1:

Name: _____
Last First

Occupation: _____

Home Phone #: _____ Bus/Cell Phone #: _____

Reference #2:

Name: _____
Last First

Occupation: _____

Home Phone #: _____ Bus/Cell Phone #: _____

Authorization for Collection of Personal Information:

I, _____, authorize Special Olympics British Columbia to collect personal
(name of applicant)
information appropriate to the position applied for concerning my academic background, employment history, and verify the character references that I have provided.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Consent for Criminal Record Search:

Whereas I am interested in being considered for a sensitive position of trust and well-being of Special Olympics BC participants and I am required by Special Olympics BC to disclose whether or not I have any convictions or have been charged under any federal or provincial enactment or have received pardons for any such convictions:

And whereas I understand that disclosure of a criminal record or pardon may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if Special Olympics BC should decide any conviction, pardon or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants.

I therefore authorize the RCMP, other Provincial or Municipal Police Service on my behalf to inquire into and determine whether or not I have a criminal record or have been granted a pardon for a past conviction, and also make to the Special Olympics BC member a full and complete disclosure of any criminal record or pardon they may find. I also make this authorization with the understanding that I may be required to provide my fingerprints to verify a criminal record or pardon and the fingerprints will be returned to me when the record is adjudicated.

applicant's signature

day/month/year