

VOLUNTEER / COACH INFORMATION & MEDICAL FORM

PROGRAM YEAR: 2020 / 2021 SOBC LOCAL: _____

VOLUNTEER INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

GENDER: _____ BIRTH DATE (mm/dd/yy): _____

NCCP# _____ (if known)

EMERGENCY CONTACT:

Name: _____

Primary Phone: _____ Cell: _____

Relationship to Volunteer: (check one) Spouse Sibling Parent Friend

MEDICAL INFORMATION

Medical Insurance Number: _____

Doctor's name: _____ Phone #: _____

Seizures (If yes, please fill out the next line.)

Type: _____ Frequency: _____ Date of last seizure: _____

Treatment Plan if applicable (attach additional sheet if required):

Please identify any additional medical conditions (ie. Heart, Diabetes, Asthma etc.)

ALLERGIES: (Please list)

Food: _____ Reaction: _____

Drugs: _____ Reaction: _____

Other: _____

Have you ever experienced an anaphylactic reaction? Yes No Do you carry an EpiPen? Yes No

Tetanus up to date: Yes No Date last given: _____

MEDICATION: (please updated if needed prior to any trips)

Name & dosage: _____ Time/s: _____

Name & dosage: _____ Time/s: _____

If more space is needed, please complete on a separate sheet

NAME: _____ SOBC LOCAL: _____

| | | | | | | |
|---|---------------------------|-----------------------|----------------------------|------------------------------|--------------------------------------|--------------------------|
| VOLUNTEER POSITIONS WOULD LIKE TO REGISTER FOR | Sports | Head Coach | Assistant Coach | Program Volunteer | Administration Roles | X |
| | Active Start | | | | Executive | |
| | Athletics (T&F) | | | | Community (Local) Coordinator | <input type="checkbox"/> |
| | Basketball | | | | Program Coordinator | <input type="checkbox"/> |
| | Bocce | | | | Volunteer Coordinator | <input type="checkbox"/> |
| | Bowling, 10-Pin | | | | Fundraising Coordinator | <input type="checkbox"/> |
| | Bowling, 5-Pin | | | | Treasurer | <input type="checkbox"/> |
| | Club Fit | | | | Secretary | <input type="checkbox"/> |
| | Curling | | | | PR Coordinator | <input type="checkbox"/> |
| | Floor Hockey | | | | Family Coordinator | <input type="checkbox"/> |
| | FUNDamentals | | | | Athlete Coordinator | <input type="checkbox"/> |
| | Golf | | | | Other | <input type="checkbox"/> |
| | Powerlifting | | | | Subcommittee | |
| | Rhythmic Gym. | | | | Program Committee (Assistant) | <input type="checkbox"/> |
| | Skating, Figure | | | | Volunteer Committee (Assistant) | <input type="checkbox"/> |
| | Skating, Speed | | | | Fundraising Committee (Assistant) | <input type="checkbox"/> |
| | Skiing, Alpine | | | | PR Committee (Assistant) | <input type="checkbox"/> |
| | Skiing, Cross- Country | | | | Family Committee (Assistant) | <input type="checkbox"/> |
| | Snowshoeing | | | | General Volunteer | <input type="checkbox"/> |
| | Soccer | | | | | |
| Softball | | | | | | |
| Swimming | | | | | | |

By checking this box I acknowledge that the information provided on this form is correct to the best of my knowledge and I will update this information as required.

Volunteer Signature:

Print Name: _____ Signature: _____ Date: _____

Parent or Legal Guardian name and signature required if Volunteer is under 19 yrs:

Print Name: _____ Signature: _____ Date: _____

NOTE: If filling in, and submitting, this form online you may type your name in the signature line