



SPECIAL OLYMPICS PEI

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME _____

DATE OF BIRTH: ____/____/____ SEX: MALE _____ FEMALE _____
DD / MM / YY

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

PHONE NUMBER: _____ HOME _____ WORK _____

E-MAIL ADDRESS: _____

WHY DO YOU WANT TO BECOME A VOLUNTEER WITH SPECIAL OLYMPICS PEI? _____

CURRENT SKILLS, TRAINING, QUALIFICATIONS AND INTERESTS: _____

PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE: _____

PROGRAM INFORMATION (PLEASE INDICATE BELOW IN WHAT CAPACITY YOU WOULD LIKE TO BE INVOLVED)

COMMUNITY SPORT PROGRAMS

<input type="checkbox"/> PEE WEE PROGRAMS.....	<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> PROGRAM VOLUNTEER
<input type="checkbox"/> YOUTH PROGRAMS.....	<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> PROGRAM VOLUNTEER
<input type="checkbox"/> ADULT PROGRAMS.....	<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> PROGRAM VOLUNTEER

COMPETITIVE SPORT PROGRAMS

<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> PROGRAM VOLUNTEER
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WINTER SPORTS

<input type="checkbox"/> FLOOR HOCKEY	<input type="checkbox"/> CURLING
<input type="checkbox"/> SNOWSHOEING	<input type="checkbox"/> SPEED SKATING
<input type="checkbox"/> CROSS COUNTRY SKIING	

SUMMER SPORTS

<input type="checkbox"/> SOCCER	<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> ATHLETICS	<input type="checkbox"/> AQUATICS
<input type="checkbox"/> 5-PIN BOWLING	<input type="checkbox"/> 10-PIN BOWLING

OTHER

REFERENCES

PLEASE LIST THREE PERSONS WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. INCLUDE A PERSONAL REFERENCE, A FAMILY MEMBER AND AN EMPLOYER (FROM A PAID OR VOLUNTEER POSITION)

< NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

LENGTH OF TIME YOU HAVE KNOWN THIS PERSON: _____

< NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

LENGTH OF TIME YOU HAVE KNOWN THIS PERSON: _____

< NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

LENGTH OF TIME YOU HAVE KNOWN THIS PERSON: _____

I GIVE MY PERMISSION FOR THE REFERENCES ABOVE TO BE CONTACTED IN CONNECTION WITH MY APPLICATION FOR A VOLUNTEER POSITION WITH SPECIAL OLYMPICS PEI.

I UNDERSTAND THAT THE SCREENING PROCESS OF SPECIAL OLYMPICS PEI INCLUDES AN APPLICATION FORM, AN INTERVIEW, REFERENCE CHECK AND A CRIMINAL RECORD CHECK.

IF ACCEPTED AS A VOLUNTEER, I AGREE TO FULFILL MY RESPONSIBILITIES TO THE BEST OF MY ABILITY, TO ABIDE BY THE MISSION AND PRINCIPLES OF SPECIAL OLYMPICS AND TO PARTICIPATE IN THE TRAINING OFFERED BY SPECIAL OLYMPICS PEI.

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF INFORMATION IN THIS APPLICATION IS CAUSE FOR REFUSAL OR DISMISSAL AS A VOLUNTEER WITH SPECIAL OLYMPICS PEI.

APPLICANTS SIGNATURE

DATE