



**Special Olympics GB
VOLUNTEER REGISTRATION FORM V1**

Special Olympics GB
Office Use Only
Registration Number:

This form is to be completed by anyone wishing to be a volunteer for Special Olympics GB **AND** anyone who is already a volunteer for the organisation.

Our definition of a volunteer is anyone who will work for Special Olympics GB in any voluntary capacity¹. This will include: all Committee Members of the group, all escorts, coaches, carers, drivers, helpers. **This does not currently include anyone volunteering on a 'one off basis' for a particular event provided that they will be working under the direct supervision of a registered volunteer.**

What is/will be your main role with Special Olympics:	
Sports Coach (please specify sport)_____	Committee Member <input type="checkbox"/>
Fundraising <input type="checkbox"/> General Events <input type="checkbox"/> Media/PR <input type="checkbox"/> Driver <input type="checkbox"/> Other:_____	
Special Olympics Group:	Special Olympics Region:
Surname:	Title (Mr, Mrs, Ms, Miss, Dr etc):
First Name(s):	
Date of Birth:	
Present Home Address :	
Contact Tel No:	
Mobile No:	
Email Address:	
Relevant Qualifications e.g. coaching awards, first aid certificates etc:	
Have you got previous experience of working with disabled people and children in a voluntary or professional capacity: Yes <input type="checkbox"/> No <input type="checkbox"/>	

¹ Family members who take on any form of care or volunteer role within the group e.g. driving athletes other than their sibling to a training/competition/social event, caring for other athletes at training or competition events are also required to complete this form.

Please give details below of 2 referees, one of whom should be your current employer (if applicable):

Name:	Name:
Title:	Title:
Organisation:	Organisation:
Contact Address:	Contact Address:
Tel No:	Tel No:

Special Olympics GB reserves the right to contact referees. Should there be any reason that you do not wish us to contact those persons you have listed please give details below:

DECLARATION:

I declare that the information given in this form is accurate and correct; I understand that Special Olympics GB reserve the right to seek references with regard to this application.

SIGNED: _____ DATE: _____

THIS FORM MUST BE FULLY COMPLETED AND SIGNED.

PLEASE SEND BY RETURN TO: **Special Olympics GB, National Volunteer Office, Jeffersons Business Centre, 6 South Bar, Banbury, Oxfordshire, OX16 9AA**

DATA PROTECTION

The information given in this form will be kept by Special Olympics GB in accordance with the Data Protection Act. Special Olympics GB may, from time to time, make this information available to a third party to enable us provide you with the information, service or goods you need. Such a third party would be either an international Special Olympics programme, or an organisation endorsed by and authorised to act on behalf of Special Olympics GB.