

Volunteer Supplementary Information Form - Form 4

For Club Use Only



CLUB: _____ Date: / /

1 PERSONAL DETAILS (Please Show Full Legal Name)

_____			Date of Birth		
First Name	Middle Name (s)	Last name	day	month	year
Preferred name if different to the above:			Female <input type="checkbox"/>	Male <input type="checkbox"/>	

2 PREFERRED TASKS

Area of involvement: Sports and/or coaching Administration Events Projects

What role / tasks would you like to have?
Preferred sport(s)?

Time(s) available: day evening weekend

Are you currently: Employed Full Time Employed Part Time Student Retired
Unemployed Volunteering With Another Organisation

Skills / experience / qualifications / courses attended that could be of assistance?
Details:

Do you have any experience with children or adults with an intellectual disability?
Family Employment Volunteering
Details:

3 PERSONAL REFEREES

Please list two referees (**Non Family**) who have known you for at least two years who may be contacted by your local Special Olympics club to provide a character reference for you. Please notify the referees that they may be contacted.

Referee 1	
Name: _____	Relationship to You: _____
Telephone: _____	Email: _____
Referee 2	
Name: _____	Relationship to You: _____
Telephone: _____	Email: _____

4 HEALTH ALERTS

Current Medical Condition(s)/ Medication: Asthma Blood Pressure Diabetes Epilepsy Heart Condition
Other _____

Details and Action Needed in Case of an Emergency:

Known Allergies and Medication: Insect Rubber/Latex Drug Food
Other _____

Details and Action Needed if an Allergic Reaction Occurs:

Doctor/Medical Practice:
Name: _____ Telephone: _____
Address: _____
National Health Index Number (N.H.I) _____ Medic Alert No.: _____