



Volunteer Registration Form - (Easy Read)

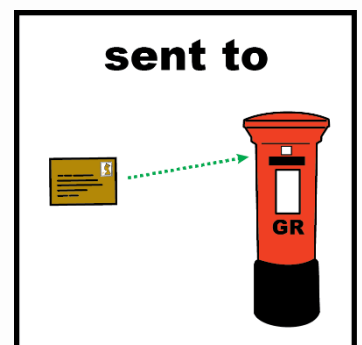
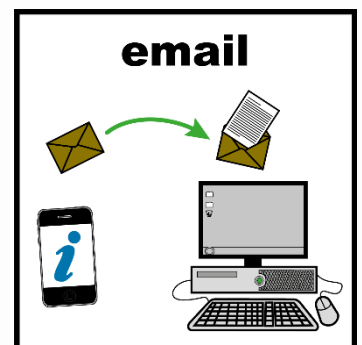
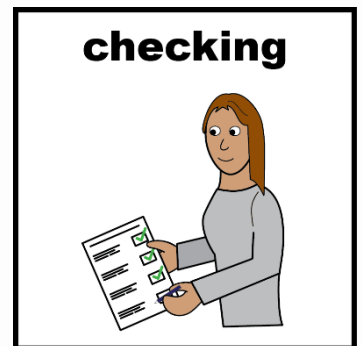
Please complete this form to register as a Special Olympics GB **Volunteer**.

Has your **Special Olympics GB Club Contact** checked and verified your form?

YES / NO

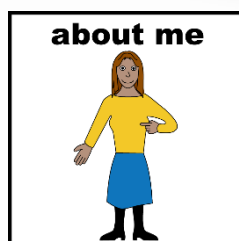
To submit your form, you can:

- Give it to your **Club Contact**
- Scan and send it to us by **email**:
volunteer@sogb.org.uk
- **Print** and **post** it:
Special Olympics GB, 483 Green Lanes,
London, N13 4BS

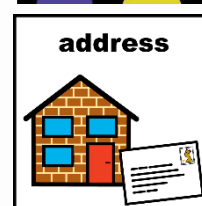
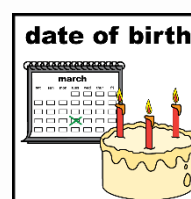




Personal Information



Region (if known)	
Club/Programme Name	
Title: eg. Mr/Mrs/Miss/Ms/Dr	
First Name(s)	
Preferred Name	
Last Name	
Date of Birth	
Gender (optional)	
House No. & Street	
Town/City	
County	
Postcode	
Tel. No./Mob No.	
E-mail address	



Are you currently, or have you ever been a registered **Special Olympic GB Athlete**?

☐ Yes

☐ No

If yes, please give your registration (SAM) number: _____



Your Volunteer Role



What is your role(s) with Special Olympics GB that you are applying for?

(Please cross the box [x] for all that apply)

Sport Delivery roles Specify Sport(s)		Athlete Support roles	
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Safeguarding & Welfare Officer	<input type="checkbox"/> Driver	
<input type="checkbox"/> Coach	<input type="checkbox"/> Athlete 1:1 Support (Carer)	<input type="checkbox"/> Lifeguard	
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Athlete Escort	<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> MATP Coach	<input type="checkbox"/> First Aider	<input type="checkbox"/> Athlete Mentor	
<input type="checkbox"/> Aquatics Assistant	<input type="checkbox"/> General Coaching Support		
<input type="checkbox"/> Competition & Coaching Advisor	<input type="checkbox"/> Competition Delegation Member*		
Other Support Roles		Steering Group Member roles	
<input type="checkbox"/> Administration	<input type="checkbox"/> Finance Officer	<input type="checkbox"/> Main Contact	
<input type="checkbox"/> Event Volunteer	<input type="checkbox"/> Eligibility Officer	<input type="checkbox"/> Chair	
<input type="checkbox"/> Unified Partner	<input type="checkbox"/> Family Representative	<input type="checkbox"/> Vice Chair	
<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Athlete Representative	<input type="checkbox"/> Regional Main contact	
<input type="checkbox"/> Sports Official	<input type="checkbox"/> Club Secretary	<input type="checkbox"/> Event Coordinator	
<input type="checkbox"/> Media / PR	<input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> Competition Coordinator	
<input type="checkbox"/> <u>Other (Please tell us more):</u>			

For **Safeguarding**, some volunteer roles need a **DBS or PVG check**. We provide these checks **free of charge**.

You can find the **list of roles** that need a DBS or PVG check on our website: <https://www.specialolympicsgb.org.uk/club-resources/safeguarding>

*Volunteers helping at **competition events with overnight stays** (local, national or international) must have a **valid DBS or PVG check** as part of their registration. This includes parents who volunteer. If you have any questions, please email volunteer@sogb.org.uk





Relevant Training

Please tell us about any **training or qualifications** you have to help with your volunteer role.

For example, this might include:

- National Governing Body Coaching / Teaching Qualifications,
- Sports Leadership Awards or Training
- Disability Inclusion Training
- First Aid
- ...and More.

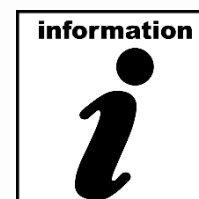


Course or Training Qualification	Awarding Body	Date of Certification

Please send certificate copies or other evidence with your registration form directly.

To be a Coach, normally a coaching qualification is needed.

To find out more about this, and to find out about support available to get coaching training or qualifications, reach out to us on coaching@sogb.org.uk.



Your experience:

Do you have experience working with children/adults with a **disability** in a **voluntary** or **professional** capacity? If "Yes" please give details below:

☐ Yes

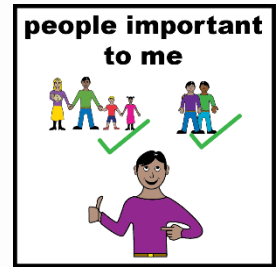
☐ No



References

As a part of Special Olympics GB Safer Recruitment Processes, we ask you to provide 2 references for us. **We will contact these people to ask information about you** to help us make sure you are right for the role.

Please give details below of **TWO** references.



- Please make sure it is someone who has known you for **at least two years**
- **They cannot be a family member**
- If possible, try to provide one **personal** reference, and one **professional** reference.

Referee One

First Name	
Last Name	
Phone Number	
Email Address	
Relationship to you:	

Referee Two

First Name	
Last Name	
Phone Number	
Email Address	
Relationship to you:	



Special Olympics GB – Attestations

In order to volunteer with Special Olympics Great Britain, you must agree that you have understood and will abide by the relevant Special Olympics GB **Codes of Conduct** and **policies**, both of which can be found on our **website**.

Please click the below link to access the Special Olympics GB **Easy Read Volunteer Code of Conduct**:

<https://www.specialolympicsgb.org.uk/club-resources/volunteers>



By signing below, I agree that:

- The information in this form is **accurate and true**.
- I have read and understood the Special Olympics GB **Code of Conduct**, and I understand that breaching this might result in action being taken.
- The information provided in this form may be used for the purposes of Special Olympics GB **processing my application and holding my details**.
- I understand Special Olympics GB have the right to **contact references** with regards to my application.
- I agree the information given in this form will be **held, processed and shared** by Special Olympics GB in accordance with the **Special Olympics GB Privacy Policy**.
- I understand I have the right to **know what information is held** about me, and I can contact Special Olympics GB to request this by email on **info@sogb.org.uk** or by post at Special Olympics GB, 483 Green Lanes, London, N13 4BS.

Special Olympics GB may send newsletters to you from time to time via email about events and campaigns. **If you wish to receive these, please cross the following box: []**

<u>Volunteer Name</u>	<u>Volunteer Signature</u>	<u>Date</u>

<u>Club Contact*</u>	<u>Club Contact Signature</u>	<u>Date</u>

***Your Club Contact must verify your form before it is processed**



Equal Opportunities Monitoring Form (OPTIONAL)

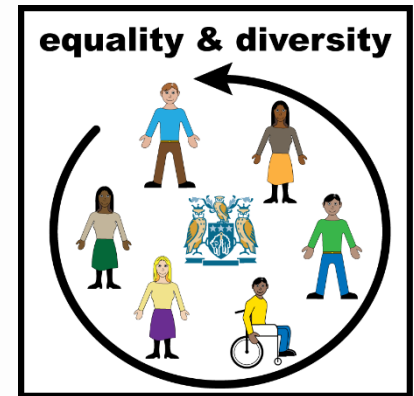
PLEASE NOTE THIS SECTION OF THE FORM IS OPTIONAL.

Special Olympics Great Britain is committed to **promoting equality and diversity**.

We would appreciate if you could complete this form. This form is **OPTIONAL** and is **separate from your application** and will not be used in any selection process.

The information you provide will be used for **monitoring and internal reporting and improvement** purposes only.

Special Olympics GB may share this data with relevant third parties for other legitimate purposes in accordance with our applicable **Policies**. All personal data relating to our Equal Opportunities Monitoring will be made anonymous (**without** your name, contact details, etc.).



Please 'Tick' as appropriate:

1. How do you identify your ethnicity?

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/Multiple ethnic background

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group
- ☐ Prefer not to say

2. Do you consider yourself to have a disability or health condition according to the Equality Act 2010?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

3. Caring Responsibilities

- ☐ None
- ☐ Primary carer of a child under 18
- ☐ Primary carer of disabled child
- ☐ Primary carer of disabled adult (18 and over)
- ☐ Primary carer of older person (65 and over)
- ☐ Secondary carer
- ☐ Prefer not to say