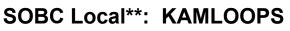
VOLUNTEER REGISTRATION FORM (2021 / 2022)





□ Returning Volunteer □ New Volunteer

	**Local is the	communitv	vou wish to	volunteer	with
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VOLUNTEER INFORMATION							
First Name:		Last Name:					
Date of Birth (mm/dd/yyyy):		Gender:					
Email:							
Street Address:			City:				
Postal Code:	Home Phone:			Cell Phone:			
NCCP# (if known):							
VOLUNTEER POSITIONS (please che	ck the roles you are	interested in)					
Sport Programs							
□ 5-Pin Bowling	Floor Hockey			□ Swimming			
□ 10-Pin Bowling	Powerlifting			Club Fit (Fitness)			
□ Basketball	Rhythmic Gymna	astics					
I'm interested in role of 🛛 Head Coach 🗋 Assistant Coach 🗍 Program Volunteer							
Administration Roles							
Executive	Fundraising Coordinator		(Other Roles			
□ Local Coordinator	□ Public Relations			General Volunteer			
□ Treasurer		Registration Coordinator		Event Volunteer			
Program Coordinator	Secretary			□ Other			
□ Volunteer Coordinator							
Additional comments on the volunteer roles you are interested in (optional)							
REFERENCES – Please provide two references (only required for NEW volunteers)							
Name: Phone:		1	Email:				
Relationship to volunteer applicant:							
Name:	Phone:		I	Email:			
Relationship to volunteer applicant:							

PARENT / GUARDIAN INFORMATION (only required if volunteer is under 19)							
Name: Relationship to Volunteer:			Volunteer:				
☐ Same Contact Info as Volunteer (please list anything different below)							
Street Address:		(City:				
Postal Code:	Home Phone:		Cell Phone:				
Email:							
EMERGENCY CONTACT INFORMATION	N						
Contact Name:							
Relationship to Volunteer: 🛛 Parent	/Guardian 🗆 Spouse 🗆 Fr	end 🗆 F	Relative				
Home Phone:	Cell Pho	one:					
MEDICAL INFORMATION							
Health Card #:							
Physician Name:	Physician Phone):					
Seizures: 🗌 Yes 🗌 No If yes, plea	ase indicate seizure type, fre	quency, a	and treatment plan:				
Allergies:							
		lorading					
Allergy Treatment (ie. does the volunteer carry an epi-pen, medication, etc.):							
Medical Notes (please include additional information as applicable)							
By filling in my name below I acknowledge that the information provided on this form is correct to the best of my							
knowledge and I will update this information should it change							
VOLUNTEER SIGNATURE (if 19 years or over)							
Volunteer Signature: Date:							
PARENT/GUARDIAN SIGNATURE (required for volunteer who is under 19)							
Parent/Guardian Signature:		Date:					
Printed Name:							

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