



Volunteer Application Form

Association/Club name: _____

Name of volunteer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Residence): _____ Phone (Business): _____

Position(s) you are applying for:

Please indicate by prioritizing the position in which you would like to volunteer.

1. _____ 2. _____
3. _____ 4. _____

If your choices are not available, would you accept a different position?

- Yes No

Identify your previous volunteer position(s) and team category. (Attach personal resume if necessary)

Year	Team/Association	Category	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Training Experience

Coaching Program: Yes No

If yes, please complete below:

Level	Year Obtained	Location
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NCCP Certification Number (CC#): _____

Initiation Program: Yes No

If yes, please complete below:

Level	Year Obtained	Location
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Safety Program: Yes No

If yes, please complete below:

Level	Year Obtained	Location
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Safety Program Qualification #: _____

Officiating Program: Yes No

If yes, please complete below:

Level	Year Obtained	Location
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Other relevant training

What are some of your personal future goals in the sport community?

Why are you volunteering for this position?

References: (Please list three references i.e. parents, professionals).

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Residence): _____ Phone (Business): _____

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Residence): _____ Phone (Business): _____

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (Residence): _____ Phone (Business): _____



Screening

The **“enter association”** is committed to reducing harassment, abuse and bullying in our programs. As a priority we are screening volunteers and staff to ensure the highest quality of personnel to support our programs and create a friendly and welcoming environment for our participants. Some positions require additional screening.

Please be advised that your position may require a criminal records check and a vulnerable persons check.

Do you wish to disclose any previous record(s) of offences?

Not applicable

No

Yes

Official Charge Date of Conviction _____

Disclosure or discovery of a previous record of offence may be considered in the person’s application for position within the **“name of association”**. Based on the circumstances of the record, a person may be excluded from participation within the **“name of association”**.

I hereby acknowledge that the information provided above is accurate to the best of my knowledge. I hereby consent to a member of **“name of association”** contacting the references listed above.

Signature _____

Date _____

Personal information used, disclosed, secured or retained by **“name of association”** will be held solely for the purposes for which we collected it and in accordance with the National Privacy principles contained in the Personal Information Protection and Electronic Documents Act as well as “name of association” own Privacy Policy.