

**2015-16 Volunteer Application**

##### IMPORTANT REMINDERS

* Applications will be processed using the date that the *completed* application form is received. We encourage you to return your fully completed application form as soon as possible.
* Please insure that applications are clear and complete.
* Please note, transportation to and from Brock University and parking is the responsibility of the volunteer.
* Drop off your completed application form to the Recreational Services Welcome Desk and email [niagarapenguins@brocku.ca](mailto:niagarapenguins@brocku.ca) to notify them has been handed in…. OR:
* Email completed applications to [niagarapenguins@brocku.ca](mailto:niagarapenguins@brocku.ca)
* **If you have any questions or concerns please call (905) 688-5550 ext. 6182 or email niagarapenguins@brocku.ca.**

# VOLUNTEER INFORMATION

# Last Name: First Name: ❑ Male ❑ Female

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which is the best way to contact you?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of Sept. 1st, 2015: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a school address, what is your permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted?❑ yes ❑ no

## Please disclose any reason why you should not be working with youth and young adults with a physical disability

## May we use photos or videos of you to promote Brock Niagara Penguins? ❑ yes ❑ no

How did you hear about the Brock Niagara Penguins?

State the reason you are interested in volunteering with the Brock Niagara Penguins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |
| --- | --- | --- |
| **Education** | | |
| Name of High School/ College/ University | Grade in school/ or  Year in College or University | Area of study Degree or  Diploma Received |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment / Volunteer Experience** | | | |
| Employer/ Supervisor | Address / Phone Contact | Position Held | Dates |
|  |  |  |  |
|  |  |  |  |
| May we contact the above employers/supervisors ❑ yes ❑ no | | | |

**Please list any awards, certificates or skills you have: (example First Aid, CPR, NLS, Coaching, High Five, CPI)**

**What unique experiences and ideas can you bring to the Brock Niagara Penguins?**

**From the program below, please indicate which session and programs you are interested and able to volunteering with (exact dates and times are available on the website in the calendar section)**:

|  |  |  |
| --- | --- | --- |
|  | | **Please check:** |
| Wheelchair Basketball Saturday | Sept 2015 – March 2016 |  |
| Session 1: Swim Thursday | Fall (Sept - Nov) |  |
| Session 2: Swim Thursday | Winter (Jan – March) |  |
| Session 1: Boccia Ball Wednesday | Sept 2015 – April 2016 |  |

**Are there any program dates that you will be unable to attend?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# CONSENT

I acknowledge that I have thoroughly read and understand what is expected of me. I acknowledge that, to the best of my knowledge, the information on this application form is correct.

I have thoroughly read and understood the **Volunteer Description**

If you are a successful applicant you will be contacted by phone or email.

**Volunteer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

