

Date Rec'd in Office: \_\_\_\_\_

Approved:  yes  no

**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 OR...
  - **Send or email completed applications to Brock Niagara Penguins, Karen Natho c/o James Mandigo Faculty of Applied Health Sciences, Brock University, St. Catharines, Ontario L2S 3A1.**
- If you have any questions or concerns please call (905) 359-6283 or email niagarapenguins@brocku.ca.**

**VOLUNTEER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

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

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

E-mail Address: \_\_\_\_\_

Alternate Contact Information (if applicable): \_\_\_\_\_

Date of Birth: (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

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

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

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

<b>Education</b>		
Name of High School/ College/ University	Grade in school/ or Year in College or University	Area of study Degree or Diploma Received

<b>Employment / Volunteer Experience</b>			
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)**

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

**From the dates & times below, which session and programs you are interested in volunteering with:**  
*(example Session 1 & 2 – gym only) :* \_\_\_\_\_

- **Session 1 GYM:** September 18 – Nov 20 (No program Oct 9 / 16) – 8 weeks 12-2pm
  - SWIM: September 30 – December 2 – 10 weeks 4:15 – 5:30pm
  - JUNIOR GYM PROGRAM: September 25<sup>th</sup> / October 30<sup>th</sup> / November 20<sup>th</sup> 12-2pm
- **Session 2 (Starts January ends March) Saturday gym and Thursday swim dates to be determined**
- **Session 3 (Starts April ends June ) dates yet to be determined**

Volunteer hours: Gymnasium Program: Saturday (Session 1&2) 11:45am – 2:15pm  
 Swim Practice Thursday 4:00-5:45pm

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

<p><b>CONSENT</b></p> <p>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.</p> <p>I have thoroughly read and understood the <b>Volunteer Code of Conduct</b>.</p> <p>If you are a successful applicant you will be contacted by phone or email.</p> <p><b>Volunteer signature:</b> _____ <b>Date:</b> _____</p>
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