



FOR OFFICE USE ONLY	
Date Rec'd in Office:	_____
Approved:	<input type="checkbox"/> yes <input type="checkbox"/> 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: _____

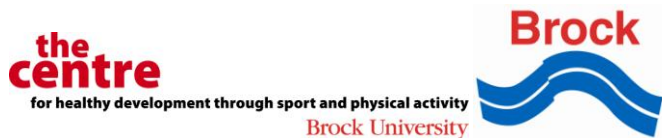
EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Street: _____ City: _____ Postal Code: _____

Daytime Phone: () _____ Evening Phone: () _____ Other: () _____

Relation to athlete _____ E-mail Address: _____



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		<input type="checkbox"/> yes <input type="checkbox"/> 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 (September to December)** Please see calendar section of website for current dates.
- **Session 2 (Starts January ends March) Saturday gym and Thursday swim dates to be determined**
- **Session 3(Starts April ends June) Dates to be determined**

Volunteer hours: Gymnasium Program: Saturday (Session 1&2) 11:45am – 2:15pm
 Swim Practice Thursday 4:00-6:00pm

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

<p>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 Code of Conduct. If you are a successful applicant you will be contacted by phone or email.</p> <p>Volunteer signature: _____ Date: _____</p>
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