

**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) 359-6283 or email [niagarapenguins@brocku.ca](mailto: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. 1<sup>st</sup>, 2014: \_\_\_\_\_

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: \_\_\_\_\_

<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		<input type="checkbox"/> yes <input type="checkbox"/> 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):**

		<b>Please check:</b>
Wheelchair Basketball Saturday	Sept – March 2013-2014	
Session 1: Swim Thursday	Fall (Sept - Nov)	
Session 2: Swim Thursday	Winter (Jan – March)	
Session 1: Boccia Ball Wednesday	Fall (Sept – Dec)	
Session 2: Boocia Ball Wednesday	Winter (Jan – March)	

**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:**\_\_\_\_\_