



The Brick Sport Central

Volunteer Application

Applicant Information

Full Name: _____
Last *First* *M.I.* *Date of Birth*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Times Available: _____

Present Occupation: _____

Volunteer Experience (or related work)

Agency	Duties
_____	_____
_____	_____
_____	_____

Skills And Interests

What Sport Central area(s) are you interested in? ([see Volunteer Task Descriptions.doc](#))

What are your special skills or interests?

Why do you want to volunteer at Sport Central?

How did you hear about volunteer opportunities at Sport Central?

Medical / Emergency Contact Information

Do you have any medical or health restrictions we should be aware of? _____

Emergency Contact:

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: (____) _____ Other : (____) _____

Additional Comments

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and do hereby authorize and consent to Sport Central Association, it's agents and employees, to enquire into and undertake whatever background check Sport Central Association deems appropriate. I understand the inquiry may include a Police Information check, computer database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential in accordance with Alberta's [Personal Information Protection Act \(PIPA\)](#).

Signature: _____

Date: _____

The Brick Sport Central
11847 Wayne Gretzky Drive North
Edmonton Alberta T5B 1Y2
Telephone 780-477-1166
Fax: 780-474-9982
Email: thekid@sportcentral.org