

Volunteer Application

Application Information

Full Name: _____
Last First M.I. Date of Birth
MM/DD/YYYY

Address: _____
Street Address Apartment/Unit #
City Province Postal Code

Phone: (____) _____ Email Address: _____

Date(s) Available: _____ Time(s) Available: Mon _____ Thurs _____
 _____ Tues _____ Fri _____
 _____ Wed _____ Sat _____

Present Occupation: _____

Volunteer Experience (or related work)

Agency	Duties
_____	_____
_____	_____
_____	_____

Skills and Interests

What area(s) are you interested in helping in at Sport Central?

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, its 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: _____

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