



**VOLUNTEER APPLICATION FORM**  
 2010 Canada 55+ Games  
 August 24-28, 2010  
 Phone: 613-342-8772 ext. 8289



**Section 1 - GENERAL INFORMATION**

Please note: A volunteer screening program will be implemented. Volunteer placement will be dependant on the number of interested individuals and area of interest. The completion of this form does not confirm that you will be chosen as a volunteer or that you will be assigned to work in your area of interest. The 2010 Canada 55+ Games Organizing Committee will do its best to accommodate all requests.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ P/C: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ LANGUAGES: English speak  French speak  English write  French write

FIRST AID CERTIFICATION: YES NO EXPIRY DATE: \_\_\_\_\_

CPR CERTIFICATION: YES NO EXPIRY DATE: \_\_\_\_\_

SHIRT SIZE (adult sizes) : S M L XL OTHER \_\_\_\_\_

**I WOULD LIKE TO VOLUNTEER FOR (Please indicate your top three areas of interest):**

<b>Scorekeepers/Timers</b>	<b>General Sport Assignments</b>	<b>Committee Assignment</b>	
Slo-pitch → <input type="checkbox"/>	Sports Runners → <input type="checkbox"/>	Ceremonies/Awards → <input type="checkbox"/>	Marketing/Media → <input type="checkbox"/>
Hockey → <input type="checkbox"/>	Lane Counters → <input type="checkbox"/>	Operations/Registration → <input type="checkbox"/>	Transportation/Security → <input type="checkbox"/>
Track & Field → <input type="checkbox"/>	Venue Check in → <input type="checkbox"/>	Medical → <input type="checkbox"/>	Hospitality/Meals/Greeter → <input type="checkbox"/>
Badminton → <input type="checkbox"/>	Traffic Control → <input type="checkbox"/>	Shuttle Driver → <input type="checkbox"/>	Fundraising/Sponsorship → <input type="checkbox"/>
Other: _____			

**AVAILABILITY (Please mark the time available for each day):**

Mornings  Afternoons  Evenings  Weekdays  Weekends  Anything/Anytime!  
 Availability Comments: \_\_\_\_\_

**REFERENCES (Please provide complete information for the following):**

NAME:	ADDRESS:	TELEPHONE:
1. _____	_____	_____
2. _____	_____	_____

**Section 2 – EMERGENCY & HEALTH CARE INFORMATION**

Emergency contact must be a parent or guardian if volunteer is under the age of 18. Information collected is for emergency use only.

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_ ONTARIO HEALTH CARD #: \_\_\_\_\_

**Section 3 – WAIVER DECLARATION**

I authorize the Canada Senior Games Association and the 2010 Canada 55+ Games Organizing Committee to administer such care, as may be required for me by medically qualified personnel during my participation in any event of the Canada Senior Games Association's National Games. Furthermore, I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

In consideration of my involvement with the 2010 Canada 55+ Games, I personally and on behalf of my heirs, executors, administrators and assigns, hereby release and forever discharge the following: a. The Canada Senior Games Association, b. The Volunteer Bureau of Leeds Grenville, c. The Corporation of the City of Brockville and other partnering municipalities, e. All sponsors, organizers, venues, and volunteers of 2010 Canada 55+ Games, their respective officers, directors, agents, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators, assigns or any third party may have for personal injury and property damage of any nature whatsoever, arising by reason of my participation at any level of the 2010 Canada 55+ Games event. Furthermore, I give the 2010 Canada 55+ Games and event partners, permission to use my likeness in any marketing and promotional photography and imagery without prior notification and waive any compensation.

I have read the above statement, understand it, and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and that I am physically fit and able to participate in the said games.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 4 – WAIVER DECLARATION for UNDERAGE VOLUNTEERS ONLY**

Volunteers must have attained the age of 14 by July 31, 2010. A parent or guardians signature is required for volunteers under 18.

I hereby give permission to \_\_\_\_\_ to participate as a volunteer for the 2010 Canada 55+ Games.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 5 - AUTHORIZATION FOR COLLECTION and use of PERSONAL INFORMATION**

I, \_\_\_\_\_, (print name of applicant), authorize the 2010 Canada 55+ Games to collect personal information appropriate to the position applied for concerning my background and to verify the character references I have supplied. I understand that the information obtained will be confidential but may be shared with relevant persons in order to obtain an appropriate volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please fax completed form to: 613-482-4627 or drop off at Brockville City Hall**

The 2010 Canada 55+ Games respects everyone's privacy and will work diligently to ensure all personal information provided to us remains accurate, confidential and secure. We have physical, electronic and procedural safeguards to protect collected information. We provide your personal information only to staff or fellow volunteers who need it for purposes that have been disclosed or otherwise made known to you. We treat all information with respect and discretion. We do not disclose your personal information to anyone, except as allowed or required by law. Questions or concerns about our privacy policy can be directed to the Games GM.