



**Cruisers Sports for the Physically Disabled**  
 9 - 6975 Meadowvale Town Centre Circle - Suite # 158  
 Mississauga, Ontario L5N 2V7  
 Phone (905) 790-6732  
 Website: [www.cruisers-sports.com](http://www.cruisers-sports.com)  
 Email: [questions@cruisers-sports.com](mailto:questions@cruisers-sports.com)  
 Registered Charity #89955 5122 RR0001

**Cruisers Sports for the Physically Disabled**  
**VOLUNTEER APPLICATION FORM**

Please **print** clearly and complete in full.

Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	
Name:	Date:
Address:	Telephone (home): (    )
Suite/Unit:	Cell: (    )
City:	Postal Code:
E-mail Address:	
Emergency Contact Name:	
Emergency Contact Telephone:	
<b>EDUCATION / OCCUPATION (OPTIONAL):</b>	
School/College/University attended, or currently attending:	
Program or course of study:	
Most recent grade, year or level completed:	
Current occupation:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Student
May we contact you at your workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone: (    )
<b>PERSONAL INFORMATION (OPTIONAL):</b>	
Previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	

**REASON(S) FOR APPLYING:**

OSSD requirements
  To establish a work record  
 Career motivated
  Community involvement  
 Put spare time to good use
  Other (Please explain)

**Do you have specific certifications or special skills?**  CPR  First Aid  Coaching  Trainer  
 Other (please list)

**PROGRAMS ASSISTED BY VOLUNTEERS (CHECK AREA(s) OF INTEREST)**

<input type="checkbox"/> Athletics	Coaching track, field, boccia, trainer, manager, practice support, physiotherapy, massage therapy,
<input type="checkbox"/> Sledge Hockey	Coaching, time keeping, refereeing ( certified preferably) trainer, manager
<input type="checkbox"/> Board of Directors	.Board Member, Sub Committees
<input type="checkbox"/> Fundraising and Special Events	Golf Tournament, Sledge-a-thon, Dance
<input type="checkbox"/> Administration	Newsletter, Website
<input type="checkbox"/> As needed	

**AVAILABILITY**

**HEALTH**

For your safety, please disclose any pertinent medical information we should be aware of in your capacity as a volunteer with the Cruisers Sports for the Physically Disabled.

**SCREENING**

Have you ever been convicted of any crime for which no pardon has been granted?  Yes  No

Are you willing to obtain a current Police Records Check?  Yes  No

Police Records Check?  Yes  No Date \_\_\_\_\_

I (**print name**) \_\_\_\_\_, authorize Cruisers Sports for the Physically Disabled to collect personal information appropriate to the volunteer position applied for and verify the character references I have supplied. I understand that the reference information obtained will be confidential, but may be shared with relevant organizations in order to obtain an appropriate volunteer position, and I verify that all the above information provided is accurate.

Signature:

Date:

**VOLUNTEERS UNDER AGE 18**

Volunteer positions with the Cruisers sports for the Physically Disabled require that a signed Parent/Guardian Consent statement for candidates under the age of 18 be provided. Does this apply to you? Yes  No

*If yes, please ask your parent/guardian to complete the PARENT/GUARDIAN CONSENT*

This is to acknowledge that (*full name of applicant*) \_\_\_\_\_ is offering service to Cruisers Sports for the Physically Disabled on a voluntary basis with my full knowledge and consent.

In case of emergency or accident, please contact \_\_\_\_\_ Telephone( ) \_\_\_\_\_.

If unable to contact the above emergency contact person, Cruisers Sports for the Physically Disabled has my permission to initiate appropriate emergency medical procedures.

Name (printed) of parent or guardian:

Signature of parent or guardian:

Date:

**Please Indicate 3 references that we may contact:**

1) Name Phone:

Relationship:

1) Name Phone:

Relationship:

1) Name Phone:

Relationship:

**Please forward your application to the Cruisers Sports Director of Registration:  
Angie Armstrong -- [registration@cruisers-sports.com](mailto:registration@cruisers-sports.com)**