



NANAIMO CLIPPERS JUNIOR A HOCKEY CLUB

VOLUNTEER APPLICATION FORM

2017 - 2018

CONTACT INFORMATION

Mr. / Mrs. / Ms. (circle one) First Name: _____ Last Name: _____

Email: _____ Birthdate: _____

Address: _____
NUMBER AND STREET CITY PROVINCE POSTAL CODE

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Number: _____

VOLUNTEERS

Have you volunteered with the Nanaimo Clippers before? Yes No

If yes, what were your duties? _____

Please check the day(s) you are available Fridays Saturdays Sundays Wednesdays Every Game

VOLUNTEER AREA OF INTEREST

Main Door Pass Gate Usher Program Sales 50/50 Sales Box Office

Event Staff Mascot Announcer Anthem Beer Garden Souvenirs

Off-Ice Official: Score Clock Penalty Box Goal Judge Statistics Camera

Do you have previous experience as an Off-Ice Official? Yes No

If yes, please detail: _____

All volunteer positions are key to event success. We will make every effort to accommodate your preferences, however, this may not be possible in all instances. Volunteers will be responsible for their own transportation to and from event locations, volunteer orientation sessions and pre-event volunteer shifts. Volunteer positions may require a Consent for Disclosure of Criminal Record Information prior to you being accepted for a volunteer position. You will receive confirmation of your application and further information will follow. Your personal information will only be used in conjunction with the Nanaimo Clippers.

Initial if you understand the above _____

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

Are you willing to submit a Consent for Disclosure of Criminal Record Information? Yes No

A Consent for Disclosure of Criminal Record Information may be required. You will be contacted if one is required for your volunteer position.

WAIVER OF LIABILITY

By signing below, I acknowledge that there are inherent risks and dangers associated with volunteering for the **Nanaimo Clippers Junior A Hockey Club** and hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the **Nanaimo Clippers Junior A Hockey Club**, the sponsors, the volunteers, the participants and the City in which the event is to be held, their representatives, successors and assigns for any and all injuries suffered by me in said event. I grant the **Nanaimo Clippers Junior A Hockey Club**, and its sponsors and licensees the exclusive right to the free use of my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion, or other account of this event. I further attest that to the best of my knowledge, I am not suffering from any condition, which would prevent and/or render me unfit to work as a volunteer for this event. I warrant that I am age 19 years or older.

Initial if you agree to the above Waiver of Liability _____

If under 19 years of age, Parent/Guardian Signature: _____ Phone Number: _____

REFERENCES: Please provide two references, other than relatives.

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Thank you for your interest in volunteering with the Nanaimo Clippers Junior A Hockey Club

RETURN COMPLETED VOLUNTEER APPLICATION FORMS TO:

Nanaimo Clippers Office, located at Frank Crane Arena

Phone: 250-751-0593 Fax: 250-751-0598 Email: info@nanaimoclippers.com

FOR FURTHER INFORMATION EMAIL TERRI, VOLUNTEER CO-ORDINATOR: goclippersgo@gmail.com