



NANAIMO BUCCANEERS JUNIOR HOCKEY CLUB

VOLUNTEER APPLICATION FORM 2018 - 2019

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 Buccaneers before? Yes No

If yes, what were your duties?

Are you available Thursday Nights? Yes No

VOLUNTEER AREA OF INTEREST

- Security
- PA Announcer
- Ticket Sales
- Event Staff
- Merchandise Stand
- Music
- 50/50 Sales
- Beer Garden
- Program Sales
- Anthem
- Scorekeeper
- Time clock
- Camera
- Photographer
- Trainer

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 Buccaneers.

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 Buccaneers Junior 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 Buccaneers Junior 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 Buccaneers Junior 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: _____

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 VIA EMAIL:

Email: buccaneers@shaw.ca
