**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** ( ) - **Cell Phone:** ( ) - .

**Date of Birth:** (YYYY/MM/DD): ( / / ) **Gender:** □ Male □ Female

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Volunteer:** □ Coaching □ Bingo □ General Assistance

**Areas of Interest:** □ Bocce □ Soccer □ Floor Hockey □ Basketball □ Bowling

**Vulnerable sector / Police clearance:** □ Yes □ No

**Additional Certifications:** □ CPR □ Defibrillator □ First Aid

**I consent to have my photo taken for ICHA promotional materials:** □ Yes □ No

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Checks** | | | |
| **Name of Reference** | **Phone Number** | **Date Contacted** | **Comments** |
|  |  |  |  |
|  |  |  |  |

**Additional Information** (*is there anything else you want us to know?*)

|  |
| --- |
|  |
|  |
|  |
|  |

**How did you hear about the ICHA?** □ Family/ Friends □ Media/Advertising □ School

□ ICHA Member □ Volunteer Centre □ ICHA Website □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver: Upon acceptance as a member of the Italian Canadian HandiCapable Association, the applicant agrees to abide by the rules and procedures of the Association, as approved through rules and by-laws. It is understood and agreed that the Association and/or any of its officials, affiliates or sponsors does not assume responsibility for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If volunteer is less than 18 years of age)

* I affirm that I have read the above and that the information I have given is true and complete.