

## Canada Cup Volunteer Application

CONTACT	INFORMATI	ON					
FIRST NAME:			Last Nam	LAST NAME:			
PRIMARY PHONE:			Mobile Pi	MOBILE PHONE:			
EMAIL:			Address:	Address:			
CITY:			Prov/Sta	Prov/State:			
Postal/Zip:			Country	COUNTRY:			
AGE RANGE:	15 & Under	16-20	21-30	31-40	40-60	Over 60	
Event Accredi	TATION PHOtation will require format, a headsh	photos for al					
Attach photo	when submitting	application fo	orm.				
VOLUNTE	ER DETAILS						
Language (s) S	Spoken (choose al	that apply)					
English	French	Spanish					
Other Langua	ges (list, with deta	ils)					
Primary Prefe	rence						
Secondary Pre	eference						
Shirt Size * (P	lease note these a	re MEN's Size	es)				
Small	Medium	Large	X-Large	XX-	-Large		

Emergency Contact Name:		Emergency Contact Relation:		
Emergency Contac	t Number:			
Park Preference:				
Softball City	Cloverdale Athletic Park	Sunnyside Park	No preference	
	ommit to a minimum of 4 shifts (20 (1) shift (5 hours) pre-post event	) hours) during the event	and may be able to	
Please select all th	at apply:			
I am interested in a	a Coordinator/Leadership role for the	ne Canada Cup:		
I am able to work o	outside in various weather condition	ns:		
I am able to stand	for long periods of time:			
	ested in volunteering for the Canad	a Cup?		
Past Volunteer Exp	erience:			
Occupation & Emp	loyer:			
Related Employme	nt Experience:			
List ANY Special Sk	ills:			
List ANY formal Ce	rtification(s) (e.g. NCCP, First Aid)			
How did you hear a	about this organization?			
<b>Applicant Question</b>	ns/Comments:			