## Volunteer Application

# Comrie’s Sport Equipment Bank

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| --- |
| Applicant Information |
| Full Name: |        |        |       |  |      |
|  Last | First | M.I. Date of Birth |
| Address: |        |        |
|  Street Address | Apartment/Unit # |
|  |        |               |
|  City | Province | Postal Code |
| Phone: | (     )        | E-mail Address: |        |
| Date Available: |        | Times Available: |       |  |  |
|  Present Occupation:  |
| Volunteer Experience (or related work) |
| Agency | Duties |
|        |         |
|        |         |
|        |         |
|  |
| Skills And Interests |
| What Sports Equipment Bank area(s) are you interested in (e.g. pick-ups, donation processing, outfitting, administration, etc.)? |
|        |
|       What are your special skills or interests? |
|        |
|        |
|       Why do you want to volunteer at the Sports Equipment Bank? |
|        |
|        |
|       How did you hear about this volunteer opportunity? |
|        |
|        |
| Medical / Emergency Contact Information |
| Do you have any allergies or other medical or health restrictions we should be aware of?  |
|               **Emergency Contact:**  |
| Full Name: |        |         |        |
|  Last | First | Relation |
| Address: |        |        |
|  Street Address | Apartment/Unit # |
|  |        |        |        |
|  City  | Province | Postal Code |
| Phone: | (     )        | Other : (     )        |  |
|  |  |  |  |
| Additional Comments |
|        |
|        |
|        |
|        |
|        |
|  |
| Disclaimer and Signature |
|  |
| I certify that my answers are true and complete to the best of my knowledge and do hereby authorize and consent to Comrie’s Sport Equipment Bank, it’s agents and employees, to enquire into and undertake whatever background check Comrie’s Sport Equipment Bank deems appropriate. I understand the inquiry may include a Police Information check, computer database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential in accordance with Alberta's [Personal Information Protection Act](http://pipa.alberta.ca/index.cfm?page=legislation/act/index.html) (PIPA).**Please attach a copy of your criminal record check with the vulnerable sector check included (must have been completed within the last year).** |
| Signature: |        | Date: |        |

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