Children's Movement Program – Fall 2014
Volunteer Information Sheet

Return completed form to the Welcome Desk in the Walker Complex
by Wednesday, Sept. 10 at 4 p.m.

Recreation Services

Name: _____ Brock Student I.D. # _____

Phone #: _____ Email: _____

Address: _____

_____

Major: _____ Year in program: _____

Are you volunteering to fulfill a requirement for a university course? Yes ☐ No ☐

If yes, how many hours do you require? _____ hrs. – For which course? _____

Age group preferred (please rank 1-3):

1-2 yrs. _____ 3-4 yrs. _____ 5-7, 8-12 yrs. _____

Position preferred (please rank 1 or 2):

Volunteer (help deliver lessons) _____

Movement partner one-on-one (child with a special need): _____

Previous experience with children:

Experience with children who have a special need:

You attendance at the program is crucial to the children. If you cannot commit to 100% attendance (8 weeks), we encourage you to volunteer at another time when you can attend all classes.

Please indicate your availability (yes/no):

Sept. 13 _____ Sept. 20 _____ Sept. 27 _____ Oct. 4 _____

Oct. 25 _____ Nov. 1 _____ Nov. 8 _____ Nov. 15 _____

Have you ever been convicted of any criminal offense in respect to which a pardon has not been granted under the Criminal Records Act and has not been revoked? Yes ☐ No ☐

If yes, please list offenses for which you have been convicted: _____

Please read and sign the following statement:

"I agree that misrepresentation of facts by me in this application shall be sufficient cause for dismissal if I am employed by Brock University."

Signature: _____ Date: _____

ALL VOLUNTEERS MUST ATTEND AN ORIENTATION SESSION
FRIDAY, Sept. 12, 2014, AT 6 P.M., IN GYM 2.

A confirmation email with your invitation to the orientation session will be sent the evening of Thursday, Sept. 11.
For more information, please contact Kaitlyn Wong (kw11zo@brocku.ca) or Robin Peart (rp10ye@brocku.ca).