



# Children’s Movement Program – Fall 2025

## Volunteer Information Sheet

Electronically return completed form to  
Dan Fyfe, YU Program Manager,  
[dfyfe@brocku.ca](mailto:dfyfe@brocku.ca) by Wednesday, Sept. 10 at 12 noon

Name: \_\_\_\_\_ Brock Student I.D. # \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Major: \_\_\_\_\_ Year in program: \_\_\_\_\_

Have you previously been a volunteer for the Children’s Movement Program?    Yes            No

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

If yes, how many hours do you require? \_\_\_\_\_ hrs. For what course? \_\_\_\_\_

Your 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):

Sep 13 _____	Sep 20 _____	Sep 27 _____	Oct 4 _____
Oct 11 _____	Oct 25 _____	Nov 1 _____	Nov 8 _____

**All Volunteers must attend the program's orientation sessions the week of September 8th 2025 from 6 to 9pm. The session will start in the Dance Studio (WC 202)**

Note, that if you are a successful applicant a confirmation email with your invitation to the orientation session will be sent by 7 pm, Wednesday September 10<sup>th</sup>.

Which age group would you prefer to work with? (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): \_\_\_\_\_

Briefly describe your previous experience working/volunteering with children:

Briefly describe your experience working/volunteering with children who have a special need (please indicate, if possible, if your experience was with physical, intellectual, emotional, social, language or behavioural development):

Tell us your motivation to be involved in the CMP program.

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of any criminal offense in respect to which a pardon has not been granted under the Criminal Records Act and has not been revoked?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: \_\_\_\_\_

**IF YOU ARE HAVING TROUBLE SUBMITTING THIS FORM PLEASE EMAIL THE COMPLETED FORM TO [dfyfe@brocku.ca](mailto:dfyfe@brocku.ca)**

For more information, please contact Dan ([dfyfe@brocku.ca](mailto:dfyfe@brocku.ca))