



Children's Movement Program – Winter 2024

Volunteer Information Sheet

Electronically return completed form to the
Karen McAllister-Kenny, Director of Brock Recreation,
kmcallisterkenn@brocku.ca
by Wednesday, Jan 10th 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):

Jan 13 _____	Jan 20 _____	Jan 27 _____	Feb 3 _____
Feb 10 _____	Feb 17 _____	Mar 2 _____	Mar 9 _____

ALL VOLUNTEERS MUST ATTEND the program's orientation session on Friday, January 12th, 2024, from 6 to 9 p.m. 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 January 10th.

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of any criminal offense in respect to which a pardon has not been granted under the Criminal Records Act and has not been revoked?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 kmcallisterkenn@brocku.ca**

For more information, please contact Karen (kmcallisterkenn@brocku.ca)