



Children's Movement Program – Fall 2019 Volunteer Information Sheet

Return completed form to the Welcome Desk in the Walker Sports Complex
or email to kmcallis@brocku.ca
by Wednesday, Sept. 11 at 4 p.m.

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 what 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): _____

Describe your previous experience with children:

Describe your experience with children who have a special need:

**ALL VOLUNTEERS MUST ATTEND AN ORIENTATION SESSION
FRIDAY, Sept. 13, 2019, AT 6 p.m., Meet at the Walker Welcome Desk.**

A confirmation email with your invitation to the orientation session will be sent by the evening of Thurs., Sept 11.

(OVER)

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

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):

Sept. 14 _____	Sept. 21 _____	Sept. 28 _____	Oct. 5 _____
Oct. 26 _____	Nov. 2 _____	Nov. 9 _____	Nov. 16 _____

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of any criminal offense in respect to which a pardon has not been granted under the Criminal Records Act and has not been revoked?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