



**Personal Information**

Please print legibly, using ink only, and fill in all the blanks

Last Name	First Name in Full	Middle Name in Full		
Street Address	City/ Town	Postal Code		
Home Phone	Cell Phone	Work Phone		
E-Mail Address		Birth Day	Month	Year
Please Check (✓) appropriate box below				
<input type="checkbox"/> 12-17 years	<input type="checkbox"/> 18-24 years	<input type="checkbox"/> 25-34 years		

**Emergency Contact Information**

Full Name		Relationship
Home Phone	Cell Phone	Work Phone

**General Information**

Have you ever volunteered with NLCA before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES" please specify year & to what extent:		

Are you applying for an advertised volunteer position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES" please indicate the position you are applying for:		

Education

Highest level of education obtained	
Name of school (if currently attending)	

Are you receiving credit for your volunteer work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Employment History

Employed       Unemployed       Student

Company Name/ Employer	Your Job Title	From	To	Reason for Leaving

Volunteer Experience

Organization	Your Title	From	To	Reason for Leaving

Please check the following areas you are interested in

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Competition volunteer | <input type="checkbox"/> Coach                 | <input type="checkbox"/> Assistant coach  |
| <input type="checkbox"/> Administrative        | <input type="checkbox"/> Camp/clinic volunteer | <input type="checkbox"/> Photography      |
| <input type="checkbox"/> Physical labour       | <input type="checkbox"/> Computers/technology  | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Media relations       | <input type="checkbox"/> First aid             | <input type="checkbox"/> Emcee/Event host |
| <input type="checkbox"/> Judging               | <input type="checkbox"/> Other: _____          |   |

What skills and experience do you have to offer?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Valid driver's license         | <input type="checkbox"/> CPR                       | <input type="checkbox"/> Standard first aid    |
| <input type="checkbox"/> Emergency first aid            | <input type="checkbox"/> Fundraising               | <input type="checkbox"/> Creative ideas        |
| <input type="checkbox"/> Administrative                 | <input type="checkbox"/> Photography               | <input type="checkbox"/> Computer skills       |
| <input type="checkbox"/> Physical strengths             | <input type="checkbox"/> Cash-handling             | <input type="checkbox"/> Work well with people |
| <input type="checkbox"/> Leadership                     | <input type="checkbox"/> Media relations           | <input type="checkbox"/> Choreography          |
| <input type="checkbox"/> Coaching                       | <input type="checkbox"/> Assistant coaching        | <input type="checkbox"/> Gymnastic ability     |
| <input type="checkbox"/> Public speaking                | <input type="checkbox"/> Judging                   | <input type="checkbox"/> Emcee/Event hosting   |
| <input type="checkbox"/> Experience with children/youth | <input type="checkbox"/> Languages (specify:_____) |  |

Special Training:\_\_\_\_\_

Other:\_\_\_\_\_

Please list any current certifications you hold (please attach photocopies of certificates)

Please list your hobbies and interests

**Availability & Commitment**

Please check (✓) all boxes which apply

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Evening	<input type="checkbox"/> Any time	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Winter (Jan-Mar)	<input type="checkbox"/> Spring (Apr-June)	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Summer (July-Sept)	<input type="checkbox"/> Fall (Oct-Dec)	<input type="checkbox"/> Thursday	<input type="checkbox"/> Any Day

How many hours are you able to commit to your volunteer experience?

Weekly	Monthly	Annually
<input type="checkbox"/> Episodic (Single Events)	<input type="checkbox"/> Short Term (One year)	<input type="checkbox"/> Long Term

Please indicate when you are available to start:

How did you become aware of volunteer opportunities with NLCA?

Website

TV/ Radio

Word of mouth

Advertisement

Executive Member (specify:\_\_\_\_\_)

Other (specify:\_\_\_\_\_)

### References

Please list three current references– past or present employers, volunteer administrators, teachers, etc.

**We cannot accept family members or personal friends as references**

Name	Organization	How do you know this person?	Phone Number	E-Mail

### Affirmation of Truthful Information

By my signature, I affirm that the information on this application is true and to the best of my knowledge

Signature of Applicant	Date
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### Consent for those Under the age of 18

**I am aware and agree with my child/ward volunteering with NLCA**

Name of Parent/ Guardian (Print)	Signature of Parent/ Guardian	Date
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*Disclaimer: It is the policy of Newfoundland and Labrador Cheerleading Athletics to screen all prospective staff and volunteers. While we try to place every prospective volunteer, The Executive reserves the right to reject applicants.*