Glanworth Recreation Association Inc.

Volunteer Form

(Please Print Clearly)

Name: _____
First Name Last Name

Home Address: _____
Street City/Town Postal Code

Phone Number(s): _____
Home Cell Work

E-mail Address: _____

Your help will improve our Association

I can volunteer my time for: ☐ Head Coach ☐ Assistant Coach

Preferred Team:_____

Other: _____

Consent:

I hereby volunteer to help with the operation of Glanworth Recreation Association.

I understand that anyone volunteering in a position that entails working directly with people under the age of 18 a police check will be mandatory.
Please see a member of the Board for the letter to take with you.

THANKS FOR BEING A VOLUNTEER AND SUPPORTING OUR KIDS!!

_____ _____ _____
Signature Birthdate: mm/dd/yyyy Date

When complete, please hand into any board member of the Glanworth Recreation Association.