



# KidSport Volunteer Application Form

#SoALLKidsCanPlay!



Thanks for your interest in volunteering with KidSport!  
Please tell us a little bit more about you so that we can connect you with the appropriate chapter.

**Once entire form is completed, please email to [kidsport@sportbc.com](mailto:kidsport@sportbc.com)**

First Name

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Last Name

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Email

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Phone Number

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Mailing Address

---

City, Province

---

Postal Code

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Preferred means of communication

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Availability

Weekdays

Weekends

Seasonal

Day

Evenings

Other:

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Type of Volunteering you are interested in:

Committee Member

Special Events

Fundraising

Marketing

Admin/Database Input

Other:

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Special Skills:

Communications

Website

Fundraising

Volunteer Management

Finance

Administration

Social Media

Partnership Building

Other:

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Please describe your prior volunteer experience:

Shirt Size: (Please specify size)

Mens:

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Ladies:

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\*Please read carefully:

*All boxes must be checked to complete this form.*

I am aware of the KidSport policy that breach of confidentiality with respect to KidSport Applicants will result in an immediate request for my resignation.

I hereby certify that I will make known to KidSport any Criminal Record (other than Traffic Violations) and the details of such conviction(s).

I am aware that if my behavior while on the board is found to be questionable or inappropriate by the majority of the KidSport Chapter Committee members, I will be given a verbal warning. Should the behavior persist I will be provided a written warning followed by a request for my resignation.

I agree to carry out my assigned volunteer tasks in a reasonable and safe manner.

I am aware that any events that I am involved in planning or implementing must be done with safety precautions in place and handled with due care.

I hereby release KidSport from all responsibility that may occur as a result of my personal use of an automobile when volunteering for KidSport activities.

I acknowledge and hereby irrevocably authorize that, in the event of me being physically, bodily injured during any of my activities as a KidSport volunteer, KidSport shall be permitted to obtain copies of any of my relevant health records as it may request. I shall execute any authorization for Release of Health Records as KidSport considers necessary, and my failure to do so will result in the automatic suspension of any claim I may have. A claim will automatically terminate if I rescind a release.

The personal information on this form will only be collected and shared under the authority of the Freedom of Information and Protection of Privacy Act (FOIPPA) of the Province of British Columbia. The purpose of collecting this information includes: determining eligibility for volunteer opportunities, programs, services, and recognition, to facilitate your registration process, to administer and evaluate our volunteers and programs, statistical purposes and to activate the Volunteer Accident Insurance coverage. This information may be shared with other volunteers and volunteers' supervisory staff.

I hereby give my permission to KidSport to use my photo when necessary for the purpose of KidSport.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_