

City of Airdrie Minor Basketball Association

Volunteer Application Form

Volunteer Applicant Information Form

Full Name: _____ D.O.B: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Phone: () E-mail Address: _____

Date Available: _____ Position Applied for: _____ NCCP Level/Cert.# _____

Background in Basketball :

Have you completed the Respect in Sport Program? YES NO If Yes, please provide details (date, level, cert.#):

Do you have First Aid Training & Certification? YES NO If Yes, please provide details (date, level, cert.#):

Are you a Canadian citizen? YES NO If no, are you authorized to work in Canada? YES NO

Have you ever volunteered for AMBA? YES NO If yes, w hen?

Have you ever been convicted of a felony? YES NO If yes, explain:

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma:

College/ University: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree:

References

Please list three (3) professional, volunteer &/or personal references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: ()
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: ()
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____