



St. Thomas Ringette Association APPLICATION FORM

Note: Individuals who are applying to volunteer or work within certain positions with St. Thomas Ringette Association (STRA) must complete this Application Form.

NAME:

First

Middle

Last

CURRENT PERMANENT ADDRESS:

Street

City

Province

Postal

DATE OF BIRTH: _____ GENDER IDENTITY: _____
Month/Day/Year

EMAIL: _____ PHONE: _____

POSITION SOUGHT: _____

By signing this document below, I agree to adhere to STRA's policies and procedures, including but not limited to the *Code of Conduct and Ethics*, *Conflict of Interest Policy*, *Privacy Policy*, and *Screening Policy*. STRA's policies are located at www.stthomasringette.ca

I acknowledge that my eligibility to volunteer in the position sought is subject to compliance with the applicable requirements set out in the Screening Policy and/or Screening Committee

NAME (print): _____ DATE: _____

SIGNATURE: _____