



ALBERTA GYMNASTICS FEDERATION
Application for Volunteer Positions

Event(s) Applying For: _____

Discipline (√): Women's Artistic _____ Men's Artistic _____ T & T _____

Applicant's Name: _____

Address: _____

Postal Code: _____ E-mail: _____

Phone Number: (H) _____ (W) _____ (M) _____

Are you over 18 years of age? Yes No
 Are you under 25 years of age? Yes No

PREVIOUS VOLUNTEER EXPERIENCE

Please check areas of interest.

Set up/Take down	<input type="checkbox"/>
Event planning	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>
Awards/Ceremony preparations	<input type="checkbox"/>
Security/admissions	<input type="checkbox"/>
Medical	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Banquet preparations	<input type="checkbox"/>
Media	<input type="checkbox"/>
Event recording	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

CERTIFICATIONS

NCCP COACHING: Level _____ Date Certified _____ Actively Coaching Y / N
 JUDGING: Level _____ Date Certified _____ Actively Judging Y / N
 FIRST AID: Level _____ Date Certified _____ St. John's/Red Cross
 CPR: Level _____ Date Certified _____ St. John's/Red Cross
 Respect In Sport: Date Certified _____
 OPERATOR'S LICENSE CLASS: _____ Demerits: _____

Would/Could you submit a Police and/or Child Welfare Check? YES NO
 Would you be willing to take the Respect In Sport certification? YES NO