



Kensal Park Soccer Club A League Of Our Own

Volunteer Form - 2011
Volunteers must be 14 year or older

First & Last Name: _____ Email address: _____

Address: _____ City: _____

Postal Code: _____ Telephone Number: _____ Cell Number: _____

Emergency Contact Person: _____ Telephone: _____

Birth Date: _____ School (if applicable): _____

Do you have first aid training? _____

Have you had a Police Check completed in the last year? Yes No

If Yes - Please attach copy If No – We will provide you with a police check free of charge

Divisions: Down Syndrome, Special Needs or Autism Spectrum Disorder. Do you have a preference for one division? _____

Are you a previous volunteer? _____ If not - How did you hear about the program? _____

Please provide 2 references: _____

PRIVACY:

It is of utmost importance that the privacy of our players and their families be kept in strictest confidence. Any information gained about Kensal Park players and or their families including medical, developmental, behavioural and personal information can not be repeated or shared with anyone other than Kensal Park volunteers/staff without written consent from the family. By signing this confidentiality statement you are bound to not share family information during your volunteer agreement as well as beyond your volunteer commitment.

Should you be asked to share information regarding a family with a professional agency written consent must be provided from Kensal Park Soccer and from the family in question. Should confidentiality be broken without written consent on your part, you will be dismissed from Kensal Park soccer and families do have the option of legal action at their discretion.

PHOTOGRAPHIC RELEASE:

I hereby give permission for use of photographs taken by ALOOO, in advertising/promotion. It is my understanding that these photographs will be used in accordance with the highest standards of good taste and advertising ethics.

Yes No

I have had no criminal offences in the last year Yes No What is your shirt size: _____

Signature: _____

Date: _____

Please forward registration form to roseprice@kensalparksoccer or mail to 154 Tiner Ave. Dorchester, ON, N0L 1G2.