



Chaperone/Volunteer Selection Application

Name: _____ Club: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (Res.) _____ (Bus.) _____

E-mail: _____

Position(s) You Are Applying For

First Choice: _____ Second Choice _____
 (Category i.e., WCSG, CSG, Tri-Province Midget or Youth, Manitoba Games)

If these choices were not available, would you accept a different position?

Yes _____ No _____

Identify any previous volunteer position(s) and team category(s)

Attach a personal resume if necessary

YEAR	TEAM	CATEGORY	POSITION

Please List any medical training:



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY
145 PACIFIC AVE. WINNIPEG, MB. R3B 2Z6 TEL: 204-925-5745 FAX: 204-925-5792 www.athleticsmanitoba.com

References:

(List two references (i.e. Athlete 14 & over, parent, professional).

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: Res: _____ Bus: _____

E-mail: _____

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: Res: _____ Bus: _____

E-mail: _____

I have completed the Sport Manitoba Respect in Sport module within the past 5 years.

I have submitted to Athletics Manitoba a completed Child Abuse Registry check form, along with the permission to perform a Child Abuse Registry inspection. Required for all level of team applicants.

I have submitted to Athletics Manitoba a completed Criminal Records Check (Required for each separate team submission). Required only for all Canada/Western Games teams & Junior or Senior teams applicants. (Please also submit receipt; Athletics Manitoba will reimburse for the cost of the Criminal Records Check).

Date: _____ Signature: _____