



BC Wheelchair Basketball Society
 780 SW Marine Dr., Vancouver BC V6P 5Y7
 Tel: 604-333-3530
 Email: programs@bcwbs.ca www.bcwbs.ca

**2018 CWBL WOMEN'S NATIONAL CHAMPIONSHIP
 VOLUNTEER APPLICATION FORM**

LEGAL SURNAME			
LEGAL FIRST NAME			
POSITION APPLYING FOR (if applicable)			
ADDRESS			
HOME PHONE		BUS. PHONE	
CELL PHONE		FAX	
EMAIL			
OCCUPATION & EMPLOYER			
EMPLOYMENT EXPERIENCE			
VOLUNTEER EXPERIENCE			
BASKETBALL EXPERIENCE	(played, officiated, involved in any way, etc.)		
SPECIAL SKILLS, LANGUAGES			
FORMAL CERTIFICATION (e.g. NCCP, First Aid, Class 4 Drivers License)			

How did you hear about this organization? _____

Why are you interested in volunteering for BC Wheelchair Basketball? _____

VOLUNTEER AREAS OF INTEREST

- | | | |
|--|--|---|
| Gym Set-Up/Take Down <input type="checkbox"/> | Registration / Info Table <input type="checkbox"/> | Hospitality <input type="checkbox"/> |
| Scorekeeping <input type="checkbox"/> | Parking / Storage Area <input type="checkbox"/> | Transportation <input type="checkbox"/> |
| TO Assistant / Video Taping <input type="checkbox"/> | Office Support <input type="checkbox"/> | Game Director <input type="checkbox"/> |

Names and telephone numbers of references:

Employment related: _____

Volunteer related: _____

Family &/or friend: _____

Would you like to receive the BCWBS Newsletter via email? Yes No

*Thank you for your interest in supporting BC Wheelchair Basketball.
 Providing false or misleading information may prevent you from getting this position, or if discovered later,
 because for dismissal or disciplinary action.*

AVAILABLE DATES/TIME (2018 WOMEN'S NATIONALS)

Please check all the dates and fill out the hours that you will be able to work for the tournament. This does not promise you or determine the dates/hours that you will be actually working. For example, if you are available between 8am-7pm but can only work 5 hours within that timeframe, please write down so. We will schedule the work dates/hours and ask for your confirmation later.

*Available - **A**, Not Available - **N**

Dates	Availability	Available Hours (between 7am – 8pm)
Example	A	8am-2pm / only 5 hours between 8am – 2pm, etc...
April 5		
April 6		
April 7		
April 8		

T-SHIRT SIZE (MEN'S)

Please circle your size.

S M L XL XXL Other ()

*Thank you for your interest in supporting the Wheelchair Basketball Nationals.
Please fill out this form and send it back to **Orion by email (programs@bcwbs.ca)**. We will
get back to you with more information as soon as possible.*

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