**Niagara Falls Rowing Club**

**VOLUNTEER APPLICATION FORM**

NAME (Legal, First & Last):

Preferred Name:

Address:

City: Postal Code:

Phone: Cell:

Email:

Preferred Method of Contact: Date of Birth:

Emergency Contact

Name:

Relationship: Phone/Cell:

**AREAS OF INTEREST** (check all that apply)

On the Water Programs \_\_\_\_\_\_\_\_

Assist or assist with leading programs on the water. If interested please share any relevant certifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraising \_\_\_\_\_\_\_\_\_

Special Events \_\_\_\_\_\_\_\_\_

Administration Support \_\_\_\_\_\_\_\_\_

Facility Support \_\_\_\_\_\_\_\_

Other Support \_\_\_\_\_\_\_\_

Specify your interests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director (Governance) \_\_\_\_\_\_\_

Specify any areas of competency (e.g., Human Resources, Financials, Marketing)

**Previous Experience** - Start with most recent or provide a resume if more convenient

|  |  |  |
| --- | --- | --- |
| Position (indicate volunteer or paid) | Organization | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**Availability** (check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Mondays | Tuesday | Wednesday | Thursday | Friday | Weekends |
| Mornings |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |

**References** *(Please note minors are required to submit 4 references, adults two references)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Telephone/Email | Relationship | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Consent to Collection and Disclosure**

\_\_\_\_ I understand that the Niagara Falls Rowing Club will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship.

I consent to Niagara Falls Rowing Club doing so, and I also consent to the collection and use of my personal information to ensure the safety of Niagara Falls Rowing Club participants, for statistical purposes, and to inform me about programs or services.

\_\_\_\_ I consent to the image Consent Form located on the Niagara Falls Rowing Club website.

\_\_\_\_ By signing this document below, I agree to be subject to and adhere to the policies and procedures of Rowing Canada Aviron and Niagara Falls Rowing Club, including but not limited to the *Code of Conduct and Ethics*. All policies are located on the NFRC website (go to Resources and then Policies).

\_\_\_\_\_ I recognize that I must pass certain screening requirements depending on the position sought, as outlined in the *Screening Policy*, and that the policy will determine my eligibility to volunteer or work in the position.

Signature of Applicant:

Signature of Parent/Guardian (if applicable):

Date:

**For Those wishing to become a Director**

**Directors Consent to Act Form**

Under the Ontario Not for Profit Corporations Act (Section 24 (8)) it is recognized that all Directors must consent in writing to hold office as a Director. The following is my consent in writing to meet this requirement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Director), consent to act as a Director if elected of Niagara Falls Rowing Club upon my election at a Meeting of Members where an election is held and/or upon my appointment by a Board of Directors following the by-laws laid out by Niagara Falls Rowing Club and the Ontario Not for Profits Corporations Act.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_