



## Bonspiel Volunteer Registration Form

The Richmond Centre for Disability (RCD) hosts a Wheelchair Curling Bonspiel every year. We recruit volunteers to clean the rocks for the athletes during the competition. Rock cleaning involved cleaning the rock at each end and line them up for the athletes. There is no pre-requisite but more suitable for people who are able to move and bend freely, and stand for 2 hours on the Ice Rink.

Volunteer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Male  Female

Age Range: Under 15  15-30  31-55  55-65  Over 65

Student  Employed  Not Employed  Others: \_\_\_\_\_

Position to Volunteer: Rock Cleaner

### Volunteer Schedule for 2018:

*(Check the time slots you are available; time includes 30 minutes before and 15 minutes after the competition)*

#### Rock Cleaner (12 volunteers needed per shift)

Nov 14 (Wed)	Nov 15 (Thurs)		Nov 16 (Fri)			Nov 17 (Sat)		Nov 18 (Sun)
DRAW 1	DRAW 2	DRAW 3	DRAW 4	DRAW 5	DRAW 6	DRAW 7	PLAYOFF 1	PLAYOFF 2
12:30-3:45 PM <i>(incl. Opening Ceremony at 1PM)</i>	9-11:45 AM	1-3:45 PM	8-10:45 AM	11:30 AM-2:15 PM	3-5:45 PM	9-11:45 AM	1-3:45 PM	9-11:45 AM <i>(welcome to join the Closing Ceremony at 12PM)</i>

Volunteer Training will be held on Nov. 3, Saturday, from 10AM to 12:30PM at the Richmond Curling Club. Training is mandatory for all new volunteers, and optional for returning volunteers.

Volunteer Training Attendance: YES  No  Reason for not attending: \_\_\_\_\_

New volunteers may not be accepted for the position if not attending the volunteering training.

### Emergency Contact during Event:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

If accepted for the position, I assure that I will abide by the policies and regulations of the RCD and show reasonable responsibility towards the tasks assigned to me. I agree, understand and sign to the job description, the liability and risk involved.

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

For Volunteer under 15 years old, consent must be given by the parent or guardian:

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use: Date Received _____	Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Contacted _____	Confirmed Volunteer Position	Yes <input type="checkbox"/>	No <input type="checkbox"/>