

VOLUNTEER APPLICATION FORM

Please submit completed form to clubmanger@londonwesternrowingclub.com or drop it off at the club.

NAME (Legal, First & L	Last):	
Preferred Name:		
Address:		
City:		
Phone:	Cell:	
Email:		
Preferred Method of 0	Contact: Date of Birth:	
Emergency Contact		
Name:		
Relationship:	Phone/Cell:	
AREAS OF INTEREST ((check all that apply)	
On the Water Progran	ms	
Assist or assist with le certifications	eading programs on the water. If interested please share any relevant	
Fundraising		
Special Events		
Administration Suppo	ort	
Facility Support		
Other Support	Specify	

Director (Governance)									
Specify any areas of cor	mpete	ency (e.g., Hu	ıman F	Resource	s, Financials, I	Marketin	g)		
Provinus Experience - Sta	rt witl	h most recent	or pro	vida a rac	ume if more co	nvenient			
· · · · · · · · · · · · · · · · · · ·	evious Experience - Start with most recent or pro Position (indicate volunteer or paid)					JIIV CIII CIII	Date		
vailability (check all that			1		1	_			
Monda	ys	Tuesday	Wed	dnesday	Thursday	Frida	ay	Weekends	
Mornings Afternoons	+								
Evenings									
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By signing this document below, I agree to be subject to and adhere to the policies and procedures of Rowing Canada Aviron and LWRC, including but not limited to the <i>Code of Conduct and Ethics</i> . All policies are located at
the following link: https://www.londonwesternrowing.com/
I recognize that I must pass certain screening requirements depending on the position sought, as outlined in the <i>Screening Policy</i> , 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:

Club Contact: clubmanager@londonwesternrowing.com