



Appendix A – Application Form

Note: Individuals who are applying to volunteer or work within certain positions with Volleyball Canada or a Provincial/Territorial Association must complete this Application Form. Individuals need to complete an Application Form once for the position sought. If the individual is applying for a new position within Volleyball Canada or within a Provincial/Territorial Association, a new Application Form must be submitted.

NAME: _____
First Middle Last

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____
Month/Day/Year

EMAIL: _____ **PHONE:** _____

POSITION SOUGHT: _____

By signing this document below, I agree to adhere to the policies and procedures of Volleyball Canada or a Provincial/Territorial Association (as applicable), including but not limited to the *Code of Conduct and Ethics, Conflict of Interest Policy, Privacy Policy, and Screening Policy*. Policies are located at the following link:
<https://www.volleyballalberta.ca/who-we-are-policies>

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

NAME (print): _____ **DATE:** _____

SIGNATURE: _____