



Canadian Tenpin Federation, Inc./Fédération Canadienne des Dix-Quilles, Inc.

YOUTH VOLUNTEER APPLICATION FORM
(LONG FORM)

This form is to be filled out in its entirety, signed by the volunteer applicant and returned to the league official. The CTF Executive Director, or his designated appointee must review this entire application and sign it as the reviewer. Please print or type the information.

Volunteer's Name: Mr. Mrs. Ms. _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: () _____ Business Phone #:() _____

Occupation: _____ Employer's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Age Category: Under 16 years 16-18 years Over 18 years

Availability (days, times): _____

Driver's License #: _____ Other (Student I.D. #, etc.): _____

Have you previously volunteered to work for CTF? Yes No

If yes, when and where? _____

What did you do? _____

In the event of an emergency, please contact:

Name: _____ Relationship: _____ Phone #: () _____

List any experiences, skills and qualifications that are related to the volunteer position for which you are applying:

OVER

Please respond to the following questions. An affirmative response will not necessarily prevent or restrict volunteer activities.

1. Do you use illegal drugs? Yes No
2. Have you ever been charged with neglect, abuse or assault? Yes No
3. Have you ever been convicted of a criminal offence or have any criminal charges pending? Yes No
4. Do you have any convictions or pending charges or claims relating to mistreatment or abuse of children? Yes No
5. Has your driver's license ever been suspended or revoked in any state or province? Yes No
6. Have you ever been suspended from CTF, ABC, WIBC or YABA? Yes No

If you responded "yes" to any of the above, please provide a brief explanation:

(Convictions **will not** be considered unless circumstances are substantially related to the position for which you are applying.)

All applications with affirmative responses will be forwarded to "Canadian Tenpin Federation, Attention: Executive Director" for further review and determination of volunteer status. Volunteer applicants may contact the Executive Director for additional information or to provide clarification on their application.

References

Please list two non-family references:

Name: _____ Relationship: _____ Phone #: () _____

Name: _____ Relationship: _____ Phone #: () _____

Please read before signing:

I understand and authorize that:

- The information I have provided may be verified, and give CTF permission to make an enquiry of others concerning my suitability to act as a CTF volunteer.
- In the course of volunteering for CTF, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- The relationship between CTF and volunteers is an "at will" arrangement and may be terminated at any time without cause by either the volunteer or CTF.
- I grant CTF permission to use my likeness, voice and words in television, radio, film or in any form to promote the activities of CTF.

I affirm that I have read the above and that the information I have given is true and complete.

Volunteer's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Receiver's Signature: _____ Date: _____

Accepted? Yes No

If "No", immediately submit to CTF Executive Director, Box 29004, Lethbridge, AB T1J 4X0; Fax # (403) 381-6247