



## St. Albert Skating Centre



### 2009 BMO SKATE CANADA SECTIONALS ALBERTA-NWT/NUNAVUT St. Albert, November 6-9, 2008

#### VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Ph. # \_\_\_\_\_ Evening Ph # \_\_\_\_\_

What is the best time of day to contact you? \_\_\_\_\_

#### Interests / Skills

Do you have previous volunteer experience with skating competitions? \_\_\_\_ Yes \_\_\_\_ No

If yes, what was your position? \_\_\_\_\_

Below is a list of areas of interest / skills required for this event? Please indicate your first two preferences.

- |   |  |
|---|--|
| <input type="checkbox"/> Ice Patcher              | <input type="checkbox"/> Hospitality                                 |
| <input type="checkbox"/> Ice Captain              | <input type="checkbox"/> Runner                                      |
| <input type="checkbox"/> Registration / Info desk | <input type="checkbox"/> Operations - Physical Set Up &/or take down |
| <input type="checkbox"/> Security / Other         | <input type="checkbox"/> Music (Playing / Announcing)                |
| <input type="checkbox"/> Medal Ceremonies         | <input type="checkbox"/> Other – please indicate: _____              |

#### Availability

Please indicate the preferred time and days you are available to volunteer:

	Wed. Nov 5	Thurs. Nov 6	Friday Nov 7	Saturday Nov 8	Sunday Nov 9
Morning	XXXXX				
Afternoon	XXXXX				
Evening					

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

Signature of Parent/Guardian (If under 18 at the time of application)

Please return completed forms to: St. Albert Skating Centre, Box 22, St. Albert, AB. T8N 1N2  
[sasc@telusplanet.net](mailto:sasc@telusplanet.net) Phone: (780) 458-8868

Thank You - Volunteers will be contacted