

Volunteer Signature

Summer Camp Volunteer Application

Please scan & email this application form to contact@pakmen.com.

Thank you for your interest in volunteering with the Pakmen Volleyball Club. Volunteers play a vital role in delivering an excellent experience for young volleyball players. In order to ensure fair distribution of our volunteer opportunities, we require the completion of this application form. Every applicant is required to provide two references. Please note that incomplete applications will not be considered. All qualifying volunteers will be considered for future opportunities.

Volunteer Information											
Volunteer's First Name				Volunteer's Last Name							
High School or Post Secondary Institution		Curre	nt Grade	*Requ	ired						
City		Phone Number									
Email Address		Birth Date (Month and Year) *Required									
Female Male Returning Volunteer Have you ever played or currently play volleyball?			Er	Emergency Contact							
Have you ever played for a Pakmen program? Do you enjoy interacting with young kids?	Yes	Relationship with Contact S No									
				Er	mergeno	y Phor	ne Num	ber			
Availability											
We are looking for a minimum commitment of 1 f			this mee	et with o	expectat	tions?	Ye		No		
Will you have access to transportation to and from	n our lo						_Yes _	No			
Volleyball Camp Locations during the Summer	W 1	Volle w 2	yball Ca w 3	mp We	ek(s) du w 5	ring th	e Sum	mer w 8	W 9		
Pakmen Courts, Mississauga		W 2	100	***	****	****	***	***	1003		
Thomas Street Middle School, Mississauga											
Mentor College, Mississauga											
Escarpment View Public School, Milton									1		
Westside Secondary School, Orangeville											
Reference											
Reference Name Relationsh	Relationship (cannot be family)				Email Address						
Comments											
					Re	ferenc	e Signa	iture			

Date