

AUGUST 4-12, 2012 | REXALL CENTRE AT YORK UNIVERSITY, TORONTO

VOLUNTEERS

Please print and fill out this form and return it to:

Volunteer Coordinator / Tennis Canada
1 Shoreham Drive, Suite 100
Toronto, Ontario
M3N 3A6

Please Note:

*Each volunteer must volunteer for at least seven (7) shifts
*Applicants must be at least 16 years old.

Information:Gender: Male FemaleAre you vegetarian? Yes No

Last Name: _____

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

Email: _____

Occupation: _____

Date of birth (MM / DD / YY): _____

Do you suffer from any medical conditions that we should be aware of (e.g. asthma, allergies, etc.): _____

Where did you hear about our volunteer program: _____

Languages spoken: _____

Clothing sizes

Please indicate the sizes you would like:

Gender: Male FemaleT-shirt: XS S M L XL XXLSweatshirt: XS S M L XL XXL**Parking**Will you be using the parking lot?: Yes No**2011 Committee:** _____*(Please fill in your 2011 committee)*Keep 2011 Committee: Yes No*****PLEASE NOTE*******RELEASE**

The undersigned accepts and bears all of the risks and dangers and releases Tennis Canada, its administrators, the players and their agents and employees, the sponsors and the suppliers of all responsibility for any bodily harm and/or losses or damages to his/her personal effects occurring before, during or after the event without, however, restricting the generality of the foregoing, and of any risk or danger incurred while carrying out his/her tasks.

Date: _____ Signature: _____

*(Parent or guardian if the volunteer is under 18 years old)***Emergency contact information**

Name: _____

Tel. (Home): _____