Name:

Program:       Year:

Email:       Phone:

1. I would prefer to be reached by:  Email  Phone  Text.

### Which program(s) would you like to be involved in:

**Ages 4-6**

Get Up and Get Active!

Movement Skills

**Ages 7-9**

Get Up and Get Active!

Time to Move!

Hoops and Spikes

**Ages 10-13 Sports Galore**

Get Up and Get Active!

Time to Move

**Other**

General Assistance

1. What time slot(s) are you available? Morning After school Evening

### Please indicate if you have the following current qualifications:

* Vulnerable Sector Police Check? Yes  Date:       No

[wrps.on.ca/en/services-reporting/police-vulnerable-sector-check.aspx](http://www.wrps.on.ca/en/services-reporting/police-vulnerable-sector-check.aspx)

* Standard First Aid? Yes  Date:       No
* CPR level “C”? Yes  Date:       No

1. Please list your experience working with youth in a physical activity setting:

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

Please submit the completed form to [SunlifeCPAC@wlu.ca](mailto:SunlifeCPAC@wlu.ca) or in person: Attn.: Nicole Vandermade, 5th Floor Kinesiology Office, Bricker Academic Building.