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 or in person: Attn.: Nicole Vandermade, 5th Floor Kinesiology Office, Bricker Academic Building.