



"Home to Wushu
in Ontario"

WOS9 – Event Staff Application

EFFECTIVE: Oct 1st, 2017

WUSHUONTARIO

WushuOntario 2370 Midland Ave, #B22, Scarborough, ON, M1S 5C6 416-321-5913 Fax: 416-321-5068, www.wushuontario.ca

WOS9-Application for Event Staff and Volunteers

Applicant Information

First Name _____ Last Name _____ Date of birth ____/____/____
Mm/dd/yy

Address _____ Gender: _____

Telephone: _____ Email: _____

Category (check one)

- | | |
|--|--|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Official | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Medical Staff | <input type="checkbox"/> Financial Staff |

Certification Type and Number if applicable:

Mm/dd/yy

NCCP (Coaches): _____ Signature: _____ Date: ____/____/____

IWuF (Coach/Official): _____ Signature: _____ Date: ____/____/____

WushuOntario (Official): _____ Signature: _____ Date: ____/____/____

Medical Lic#: _____ Signature: _____ Date: ____/____/____

Indicate Type eg. MD/EMS/First Aid etc.

Experience

Competition Committee

Director _____ Approved Not Approved

Reason: _____

Chief Official _____ Approved Not Approved

Reason: _____

For office use only

Date Received: ____/____/____ - Date Approved by VP Technical: ____/____/____