



# Volunteer Application

H.O.P.E. (Helping Other People Everywhere) Toronto  
 Please email completed application to:  
 Email: [volunteers@hopevolleyball.com](mailto:volunteers@hopevolleyball.com)

## Personal Information:

First Name:	Last Name:	Phone Number:
Age: Under 18 Over 19	Email Address:	
Address:	City/Prov:	Postal Code:
Name of Emergency Contact:		Phone Number:
Relationship:		

## Background Information:

Have you previously volunteered at the HOPE Volleyball Tournament? Yes No	Last Volunteer Year : _____
T-shirt Size: Sm Med Lrg XL	
Where did you hear about HOPE Volleyball?	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Other Volleyball League/Event <input type="checkbox"/> Other _____
<input type="checkbox"/> Toronto HOPE Volleyball Website <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Internet Classified Ads	

## References:

Reference Name	Relation	Phone Number/E-mail Address

## Authorization and Agreement by Applicant:

I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application may result in the rejection of my application or discharge from the volunteer program.

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of H.O.P.E. (Helping Other People Everywhere) Toronto Inc., a registered non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge H.O.P.E. Toronto Inc., its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold H.O.P.E. Toronto Inc., its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

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

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature (required if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_