



Appendix A – Application Form

Note: Individuals who are applying to volunteer or work within certain positions with the Organization must complete this Application Form. Individuals need to complete an Application Form once for the position sought. If the individual is applying for a new position within the Organization, a new Application Form must be submitted.

NAME: _____
First Middle Last

CURRENT PERMANENT ADDRESS:

Street City Province Postal

DATE OF BIRTH: _____ **GENDER IDENTITY:** _____
Month/Day/Year

EMAIL: _____ **PHONE:** _____

POSITION SOUGHT: _____

By signing this document below, I agree to adhere to the Organization's policies and procedures, including but not limited to the *Code of Conduct and Ethics*, *Conflict of Interest Policy*, *Privacy Policy*, and *Screening Policy*. The Organization's policies are located at the following link: www.inuvikcurling.com

I recognize that I must pass certain screening requirements depending on the position sought, as outlined in the *Screening Policy*, and that the Screening Committee will determine my eligibility to volunteer or work in the position.

NAME (print): _____ **DATE:** _____

SIGNATURE: _____