



2009-2010 Cowichan Capitals
Volunteer Application and Information Form



Name: _____

Address: _____

Phone: Daytime _____ Evening _____ Cell _____

Email: _____

Emergency contact: _____

Have you volunteered with the Capitals before yes no

If yes, what were your duties, please be detailed _____

What duties are you interested in, please be detailed _____

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Pass gates | <input type="checkbox"/> Goal Judge | <input type="checkbox"/> Security | <input type="checkbox"/> Souvenirs |
| <input type="checkbox"/> 50/50 Sales | <input type="checkbox"/> Program Sales | <input type="checkbox"/> Penalty Box | <input type="checkbox"/> Video |
| <input type="checkbox"/> Announcer | <input type="checkbox"/> Singer | <input type="checkbox"/> Game Day prep | <input type="checkbox"/> Intermission events |

What is your availability, some positions may require you to arrive up to 75 minutes prior to the game start and remain 10 minutes after the game

- Weekdays Sundays Weekends Every game

2687 James St, Duncan, BC V9L 2X5
Ph. 250-748-9930 Fx. 250-748-9938

www.cowichan Capitals.com
info@cowichan Capitals.com