



Medicine Hat Adaptive Sport and Recreation

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## 2017 Volunteer Information Form

MHASR greatly appreciates your interest in volunteering. We rely on volunteers to keep our programs running smoothly as well as to increase the amount of participants able to participate.

Name:

\_\_\_\_\_ **First** \_\_\_\_\_ **Last**

Address:

\_\_\_\_\_

\_\_\_\_\_ **City/Town**

\_\_\_\_\_ **Postal Code**

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

**Do you have any First Aid training? YES / NO**

**If yes, what kind of training do you have and when does it expire?**

\_\_\_\_\_

**Do you have any pre-existing medical conditions? If so, please list. Please also include any medications you take on a regular basis that we'd need to inform medical staff of in emergency.**

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**Thank you for volunteering with MHASR!**

