



Wheel of Fitness Instructor Application

Name: _____ Email: _____
 Address: _____
 Telephone: _____ Cell: _____
 Emergency Contact: _____ Relationship: _____
 Tel of Emergency Contact: _____

Please CHECK the times you are available to volunteer:

Location	Day & Time	Availability Yes/No
Troy	Monday 10:00 – 11:00am	
Beverly (TBC)	Monday 10:00 – 11:00am	
Sheffield	Tuesday 9:00 – 10:00am	
Carlisle	Wednesday 10:00 – 11:00am	
Waterdown	Wednesday 1:30 – 2:30pm	
Freelton	Thursdays 10:00 – 11:00am	
West Flamboro	Friday 10:00 – 11:00am	

Have you ever been a volunteer before? Yes _____ No _____

Where? _____

What was your role? _____

How long were you in the role? _____

Describe your experience and training related to the volunteer role you are applying for:

Please note: Some volunteer positions require a volunteer sector police screening. Are you willing to have this complete? Yes _____ No _____

Signature: _____ Date: _____

Staff Assessor: _____ Date: _____