



*Hamilton Challenger Baseball*  
**558 Upper Gage Ave  
Unit 2, Suite 245  
Hamilton, ON, L8V 4J6**



## VOLUNTEER APPLICATION

### Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address City Postal Code

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Cell/Work

Email Address(es) \_\_\_\_\_

Shirt Size S M L XL 2XL 3XL 4XL 5XL

How did you hear about us? \_\_\_\_\_

Background/Employment? \_\_\_\_\_

Tell us why you want to Volunteer? \_\_\_\_\_

### References

Please provide us with 2 references:

1) \_\_\_\_\_  
Name eMail Address Phone No

2) \_\_\_\_\_  
Name eMail Address Phone No

### Volunteer Availability

Baseball	Coach	<input type="checkbox"/>	Buddy	<input type="checkbox"/>	Grounds/Setup	<input type="checkbox"/>	Jr / Sr	_____
Winter Program	Coach	<input type="checkbox"/>	Buddy	<input type="checkbox"/>	Assistant	<input type="checkbox"/>		
Other	Admin	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Coordinator	<input type="checkbox"/>		

Comment or additional information: \_\_\_\_\_

## Consent for use of Personal Information

1. I grant permission to HCBA to photograph and/or record my image and/or voice and to use this material to promote the HCBA and Challenger Canada through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.

## Acceptance of Terms and Conditions

2. I am aware of Challenger Canada and HCBA's bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
3. CONSENT FOR USE OF PERSONAL INFORMATION

I authorize Challenger Canada and HCBA to collect and use personal information about me for the purpose of receiving communications from Challenger Canada and HCBA. I understand that I may withdraw such consent related to receiving communications at any time by contacting HCBA's Volunteer Coordinator @ [HCBA.Volunteer@gmail.com](mailto:HCBA.Volunteer@gmail.com) or by mail to:

Attention: Volunteer Coordinator  
Hamilton Challenger Baseball Assoc.  
558 Upper Gage Ave.  
Unit 2, Suite 245  
Hamilton, ON, L8V 4J6

The Volunteer Coordinator will advise the implications of such withdrawal.

\*We do not sell or distribute your personal information to any other third party not listed herein.

I am aware of HCBA bylaws, policies, rules and regulations and understand that;

4. HCBA activities and volunteer actions must be consistent with HCBA's Mission Statement and Goals
5. As a volunteer working with physically and developmentally challenged players, I am subject to a thorough background check including criminal history
6. Any action inconsistent with the Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parents  
signature: \_\_\_\_\_  
(Volunteers under 18)

## For H.C.B.A. Administration Use:

Approved: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

HCBA provides the opportunity for challenged youth and adults to enjoy the physical and social benefits and the challenges of taking part in team sports at recreational or competitive skill levels.

For additional information, view our website at <https://www.hcba.on.ca/>, send an email to [hcba.connect@outlook.com](mailto:hcba.connect@outlook.com) or call the HCBA voicemail service @ 905-521-5141

Canadian Charitable Corporation Number 88761 2968 RR0001