



APPENDIX A – APPLICATION FORM

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

FIRST NAME:

MIDDLE NAME:

LAST NAME:

STREET:

CITY:

PROVINCE:

POSTAL CODE:

DOB (mm/dd/yy):

GENDER IDENTITY:

EMAIL:

PHONE:

POSITION SOUGHT:

By signing this document below, I agree to adhere to the policies and procedures of WCL, including but not limited to the *Code of Conduct and Ethics*, *Conflict of Interest Policy*, *Privacy Policy*, and *Screening Policy*. Policies are located at the following link: <https://wrestling.ca/resources/policy-manual/>

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.

DATED:

NAME:

SIGNATURE:

