**Canadian Armwrestling Federation**

Ethics Advisory Committee (E.A.C) Recruitment form

Please complete this form and return it for consideration of a volunteer position within the E.A.C. You may email this form directly to the general E.A.C email found on the CAWF website or forward it to any CAWF Executive Committee Member for processing.

The CAWF is a non-profit organization. The CAWF is committed to modeling and promoting safety, and equity amongst all of its members. The organization strives to be free of, and condemns any form of physical, sexual and emotional abuse within its day-to-day operations.

 Where incidences occur, contrary to the CAWF Code of Ethics, the E.A.C can be sought to take appropriate action. The CAWF is actively seeking individuals, like you, to operationalize breaches of the CAWF Code of Ethics, confidentiality, and any related policy.

Prior to filling out your application, please ensure to read the CAWF Code of Ethics, the E.A.C Terms of Reference and the Complaints Procedures in order to make sure that your expectation of this work is aligned with the vision, mission and duties associated with the respective roles listed below.

After we receive your application, the founding E.A.C members will contact you and arrange for an interview by phone. All information on this form will be kept confidential.

A vulnerable sector check is required for interviewing minors.

Volunteer Application Form

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Language proficiency:

Vulnerable Sector Check completed: YES/NO Date:

**Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?**

**Please check the role you would like to fulfill:**

1. **Ethics Advisory Committee Chair**
2. **Ethics Advisory Committee Co-Chair**
3. **Complaints Reviewer (provincial representative)**
4. **Bilingual Complaints Reviewer**

**Liability Release:**

*As a volunteer of the CAWF, I agree to abide by all policies and procedures as spelled out in the CAWF Code of Ethics. I understand that I volunteer at my own risk and the organization assumes no liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I acknowledge that there may be a certain degree of risk, associated with vicarious trauma, by doing this work, and agree to take steps to educate myself about vicarious trauma in the spirit of mental health. I understand that peer support is available to me, on an informal basis, and does not substitute mental health care if I need it. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward*.

Signature: Date: