

2009 CANADA SUMMER GAMES

Team Newfoundland & Labrador Mission Staff Application Form

Name:						
Business Address:						
-						
Home Address: _						
-						
Phone – Bus:				Fax:		
Phone – Home:				Fax:		
E-mail: _						
Name of Employer:						
Position:						
rosition.						
Are you bilingual?	Yes 🗖	No 🗖				
Please indicate if yo	u are applyir	ng for Missio	n Staff 🖵 or Assi	stant Chef de Mis	ssion 🗖	
Please list any past Canada Games related experience: (Include <u>all</u> past experiences as an athlete, coach, manager, official, mission staff; also, identify the sport with which you were involved for each experience.)						
Please indicate your present / past involvement in Sport in this Province: (Include <u>all</u> present/past experiences as an administrator, coach, manager, official, other volunteer work and also identify the sport/s with which you were involved.						

Please indicate any other volunteer/business work, training or experiences that you feel would be beneficial as part of your duties as Mission Staff:						
Please list other major Games involved and your actual involved	or Events (other than Canada Ga vement in each:	nmes) with which you have been				
Please explain why you want to Staff and what contributions you		Newfoundland & Labrador Mission				
	y for the Games. The Games date taff members to expect to arrive in	es are August 15 – 29, but it is n Prince Edward Island by August				
☐ Entire Games						
☐ First Half (Augu	st 14 – 22)					
☐ Second Half (Augu	st 22 – 29)					
please select three (3) with w		I be participating in at the Games; orking and please prioritize them ith the Sport/s you have selected.)				
☐ Athletics	Rowing	☐ Triathlon				
☐ Baseball	Rugby	☐ Volleyball – Female				
☐ Basketball – Female	☐ Sailing	☐ Volleyball – Male				
☐ Basketball – Male	☐ Soccer – Female	☐ Volleyball – Female (Beach)				
☐ Cycling	☐ Soccer – Male	☐ Volleyball – Male (Beach)				
☐ Diving	☐ Softball	■ Wrestling				
Golf – Female	☐ Swimming					
☐ Golf – Male	☐ Tennis					

Mission Staff will be responsindicate in order of preference	port assignments, members of Te sible for coordination of some othe ce your TOP four (4) areas of inte e assigned one of your choices.	
 □ Accommodations □ Accreditation □ Athletes' Handbook □ C/M Reception □ Communications 	☐ Medicial Liaison☐ Mission Night☐ Newsletter☐ Pin Design☐ Registration	□ Transportation□ Uniforms□ O/C Ceremonies□ Pep Rallies□ Photography
Signature:		Date:
Please return completed a	pplication form (electronic or har Clayton Welsh	dcopy) by February 22 nd , 2008 to:
	Department of Tourism, Culture & Re Recreation & Sport Division P.O. Box 8700 St. John's, NL	

or email to: claytonwelsh@gov.nl.ca

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If you have any questions about this application form or the process, please contact Clayton Welsh by email at claytonwelsh@gov.nl.ca or phone at 729-0127.