

# 2010 Women's World Squash Teams Championships

28 November – 4 December 2010, Palmerston North, NZ.



## 2010 Volunteer Application form

Please indicate your preferred jobs

First choice:

Second choice:

Third choice:

Mr/Mrs/Miss .....

Surname .....

First Name .....

Birth Date (DD/MM/YY) ...../...../.....

Nationality .....

Email .....

Address 1 .....

Address 2 .....

City .....

Country .....

Phone # 1 .....

Phone # 2 .....

**Do you have a driver's licence?**

Yes  No  If yes what class .....Licence Number .....

**What is your t-shirt size?** S  M  L  XL  XXL

**Places you would prefer to work**

Squash Gym  IPC

Please return to, or feel free to contact:

Troy Thurston

Volunteers Coordinator

Email: [troy.thurston@sportmanawatu.org.nz](mailto:troy.thurston@sportmanawatu.org.nz)



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How well do you know Palmerston North? Very well  Major features only  Well   
Not very well

## Event Experience

Previous events involved in and your role

- .....
- .....

## Languages spoken

English  Fluent in other  Please list .....

## Are you a member of a squash club?

Yes  No  If yes what club are you a member? .....

## Volunteer Roles available include (please indicate on front page your preference 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

<i>Venues</i>	<i>Marking</i>	<i>Referee</i>	<i>Ceremonies</i>	<i>Website</i>
<i>Results</i>	<i>Media</i>	<i>Catering</i>	<i>Education</i>	<i>Driver</i>
<i>Security</i>	<i>St Johns/First Aid</i>	<i>Laundry</i>	<i>Marketing/Sponsorship</i>	<i>Social Events</i>
<i>Parking</i>	<i>Court Sweeper</i>	<i>Massage</i>	<i>Technical support</i>	<i>Merchandising</i>
<i>Accommodation</i>	<i>Transport</i>	<i>Team liaison</i>	<i>Registration</i>	<i>Anything</i>

Declaration: I confirm that all the information above is true and correct. By signing this agreement, I understand that I have volunteered my services to the Women's World Squash Teams Championships and its committee for the time prior to and during the event held from the 28<sup>th</sup> November – 4<sup>th</sup> December 2010. If I can no longer volunteer my services I will endeavor to do my best and let the committee know as soon as practically possible.

Name..... Signed.....Date / /2010

Please complete and return with the Volunteers Application form to the Volunteers Coordinator Troy Thurston C/- PO Box 797, Palmerston North or email [troy.thurston@sportmanawatu.org.nz](mailto:troy.thurston@sportmanawatu.org.nz)

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C/- Sport Manawatu  
50 Queen Street  
P O Box 797  
Palmerston North  
Phone: 06 357 5349  
Fax: 06 358 1178

## CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre  
Office of the Commissioner  
P O Box 3017  
WELLINGTON

I, .....  
(Surname) (Fore Names)

.....  
(Maiden or any other names used)

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to the application, to Sport Manawatu. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed ..... Date.....

## COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self-addressed envelope must accompany all requests.

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Volunteers Coordinator  
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