

PLEASE PRINT CLEARLY

Athlete(s) Name/Swim Group:	Phone Number:
Registered Parent(s) Name(s):	Email Address:

It is the responsibility of each family to record their volunteer hours. Please ensure hours are signed by a COQ Sharks Executive Member at the time of completion and submitted by the deadline. Volunteer hours must be completed by parents/legal guardians (19+) of the athlete ONLY.

Completed sheets must be handed in by August 5, 2025.

Date	Volunteer Job Description	Start time Finish Time	Number of Hours	Verified by COQ Sharks Executive Member ONLY
June XX	*** For Example *** Marshalling	1:00pm - 3:00pm	2 hours	
TOTAL HOURS THIS SHEET ONLY SHEET of				

PLEASE DO NOT LOSE THIS SHEET. There will NOT be any other way of confirming your recorded hours. **ADDITIONAL FORMS** are available online at <u>www.coquitlamsharks.org</u>. To ensure the success of our club and its functions members are encouraged to continue volunteering once they have met their required hours. **ANY additional participation is highly appreciated**. *Thank you from the Coquitlam Sharks Executive, Athletes and members for your donation of time*.