

## 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*.