

## Volunteer Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_

### LOCATION

**Which Exceed Robotics campus are you interested volunteering?**

- Thornhill                       Mississauga                       Richmond Hill

### CLASSROOM ASSISTANCE

Exceed Robotics classes run all year-round on weeknights between 4:30-8:30pm and weekends from 9:00am-5:00pm. Volunteers assist instructors & students inside the classroom as well as help with maintenance and inventory

**Please check off the days you are looking to volunteer**

- Tuesdays                       Wednesdays                       Thursdays                       Fridays  
 Saturdays                       Sundays

**Please specify the dates you are looking to volunteer**

\_\_\_\_\_

### CAMP VOLUNTEERING

Exceed Robotics camps run from end of June to end of August, from Monday to Friday from 9:00am-4:00pm. Camps involve project-based weeks where students learn how to design, 3D print, assemble, connect and program their own robots as well as a series of group exercises, friendly competitions and outdoor activities. Volunteers will assist instructors run camps by helping students throughout the camp week with their projects, organizing group and outdoor activities as well as helping with inventory and maintenance

**Please specify the camp weeks you are available to volunteer**

camps run end of June to end of August

\_\_\_\_\_

Additional Notes (optional)

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**Please check the elements listed below you are familiar with**

- Drag & Drop Programming    C-Language Programming    Python Programming  
 3D Printing    TinkerCAD Design    TinkerCAD Circuits    Workshop tools

**Have you volunteered at Exceed Robotics before?**    Yes    No

**What experience do you have teaching children?**

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**What do you hope to gain from this volunteer opportunity?**

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**Please provide a name of an Exceed instructor who could serve as a reference**

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Camp Waiver

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware of the usual risks and dangers inherent in participation in all of the activities associated in participation in Exceed Robotics summer camps, which include but are not limited to:

- (a) Injuries resulting from outdoor activities
- (b) Injuries resulting in participating in science and technology activities
- (c) Injuries resulting from physical activities and games

I hereby grant my child permission to volunteer in Exceed Robotics and authorize Exceed Robotics to provide or cause to be provided such medical services that Exceed Robotics or medical personnel consider appropriate

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Do you have current medical coverage? Yes  No

Allergies, medications, special diet or physical considerations:

\_\_\_\_\_

### EMERGENCY CONTACT

I reside with:  Mother  Father  Both  Other

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Photo Waiver

I hereby give permission to Exceed Robotics to use my child's picture and or video for publications and other promotional products

Volunteers' Name \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_