

## **LAKE SUPERIOR BIATHLON - APPLICATION FORM**

Appendix A – Lake Superior Biathlon Screening Policy

Position applying for:		
	re applying to volunteer or work within cert is Application Form. Individuals need to con	·
Full Name		
CURRENT PERMA	NENT ADDRESS :	
Number S	Street	
City	Province	Postal Code
Date of Birth	Gender Identity	
	Month/Day/Year	
Phone: Email:		
policies and proce	cument below, I agree to adhere to Biathloredures, including but not limited to the Code icy, and Screening Policy.	
_	must pass certain screening requirements d reening Policy , and that the Screening Com in the position.	•
Signature		Date
Print Name		

## Lake Superior Biathlon

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