

# VOLUNTEER BOND FORM

NAME OF SKATING FAMILY: \_\_\_\_\_

NAME OF SKATERS: \_\_\_\_\_

Please mark off the month that your skater joined the Grandview SC STARSkate program with an "X"

- STARSkate starting in **September**      \_\_\_\_\_      \$100 Volunteer Bond – six (6) volunteer hours
- STARSkate starting in **January**      \_\_\_\_\_      \$75 Volunteer Bond – four (4) volunteer hours
- STARSkate starting in **March**      \_\_\_\_\_      \$50 Volunteer Bond – three (3) volunteer hours

METHOD OF VOLUNTEERING:

- I will not be volunteering, deposit my cheque now: \_\_\_\_\_
- I will be volunteering, I am postdating cheque to August 31, 2018: \_\_\_\_\_

I can be reached at this e-mail for volunteer opportunities: \_\_\_\_\_

I understand that I need to fulfill \_\_\_\_\_ **hours** between Sept 2017 – Aug 2018 and it is my responsibility to identify opportunities to volunteer when presented. Upon completion of hours my cheque will be destroyed.

If I do not fulfill the minimum volunteer hours, Grandview Skating Club can cash my cheque in August.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Grandview Skating Club Board Member

\_\_\_\_\_

Cheque #