



## **2017 NAIG - ABORIGINAL TEAM ONTARIO CHAPERONE: JOB DESCRIPTION**

The Aboriginal Sport and Wellness Council of Ontario is committed to making all athletes times at the 2017 North American Indigenous Games as memorable as possible. In order to do this there is a need for qualified chaperones. The chaperones will have a duty of responsibility to both ASWCO and the athletes representing Ontario. As a chaperone for Aboriginal Team Ontario you will be a fully accredited member of the team, receiving; accommodations, meals, inter-NAIG travel, travel to NAIG on ATO buses and all access at the Games.

### **Responsibilities:**

- Ensure athletes follow curfew and are in bed at appropriate times
- Ensure athletes refrain from the use and possession of drugs and/or alcohol during the week of the Games
- Monitor athlete mental and physical well being
- Maintain constant communication with athletes who they are responsible for
- Chaperone from July 15-July 23<sup>rd</sup>, 2017.

### **Qualifications:**

- Valid CPIC with vulnerable sector reference check
- Prior experience being responsible for a large number of athletes at once
- Valid drivers licence and access to a vehicle during the Games is an asset, but not a requirement
- High level of commitment to ensuring that athletes are prepared for their athletic endeavours
- Parents of athletes are encouraged, but it is not a requirement
- A fee of \$100 to cover costs of walk-on suit, accommodations and meals.
- Must be of same gender as group to chaperone

We thank all those for their interest in this very important position.

All interested parties can send their intent to be involved as a chaperone to Jocelyn Cheechoo at [atomanager@aswco.ca](mailto:atomanager@aswco.ca)

# NAIG 2017 TEAM ONTARIO CHAPERONE APPLICATION

## Contact Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Sport (Check the sport you are interested in)

- |                                     |                                       |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Archery    | <input type="checkbox"/> Canoe/Kayak  | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Athletics      |
| <input type="checkbox"/> Golf       | <input type="checkbox"/> Box Lacrosse | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Rifle Shooting |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Badminton    | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer         |
| <input type="checkbox"/> Softball   | <input type="checkbox"/> Wrestling    |                                     |   |

Previous Experience (related to working with or coordinating youth)

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Reference (Please provide one reference)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_