



VOLUNTEER APPLICATION FORM

First Name _____ **Last Name** _____
Address _____
City _____ **Postal Code** _____
Phone (Home) _____ **Phone (Other)** _____
Email _____ **Age** _____

WHAT TYPE OF VOLUNTEER EXPERIENCE ARE YOU LOOKING FOR?

- | | |
|--|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Preschool Programs/ Care* | <input type="checkbox"/> Childrens' Programs* |
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Fitness Centre/Programs |
| <input type="checkbox"/> Outdoor Programs | |

**Volunteers working with children, youth and persons who are vulnerable must pass a criminal record search.*

PLEASE EXPLAIN WHAT YOU WOULD LIKE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE?

WHAT DAYS AND TIMES ARE YOU AVAILABLE FOR VOLUNTEER WORK?

- | | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

PLEASE OUTLINE RELEVANT SKILLS / HOBBIES / SPECIAL COURSES COMPLETED: (i.e. First Aid, CPR, Leadership, Languages)

EMERGENCY CONTACT:

NAME: _____ **PHONE:** _____

APPLICATION DATE: _____

Thank-you for your application!!

