



Intake time Program Volunteer Applications: September & January

General Information

Name:	DOB (d/m/y):	
Address:		
City:	Prov:	Postal Code:
Home Phone:	Other Phone:	
Email:		
Present Occupation:		

Skills and Interests

Please circle location(s) of interest: Skyline Devon Gibson Neil

Please circle all programs of interest to you:

Leadership Breakfast Program
Sport & Recreation Special Clubs or Events
Arts & Crafts On call
Boys/Girls Nights

What interests you in volunteering with our Organization?

Please share relevant skills, experience, education or training you may have

*Please attach a copy of your resume if possible:

Is your request to volunteer a requirement of an Educational Course you are taking?

If yes, how many hours?



Program Volunteer Application Form

Mode of Transportation :						
First Aid/CPR yes ___ no ___						
Expiration date(d/m/y):						
Do you have a recent and clear Criminal Record Check (done within the last 6 months): If not, you will be required to obtain one.						
Able to start on (d/m/y):				Available until (d/m/y):		
Times Available						
Mon:	Tues:	Wed:	Thur:	Fri:	Sat:	Sun:
How much time are you hoping to give each week/month:						
References (Please provide 3)						
Name	Title	Place of Work	Phone #'s			
1.			(H) (W) (C)			
2.			(H) (W) (C)			
3.			(H) (W) (C)			

Thank you for your application. Successful applicants will be notified provided an opportunity is available.