
VOLUNTEER APPLICATION FORM

Personal Information:

Name: _____

Address: _____

City: _____, BC Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

1. Please tell us a bit about yourself.

2. Briefly summarize your background in working with and playing with young children.

3. Please let us know what your availability will be:

Days of the Week: _____

Times: _____

Are you available in the evening as we sometimes have evening events:

Yes _____ **No** _____

4. What kind of experiences/skills do you hope to gain from volunteering at the Centre?

5. Please list two references (Name, Relationship and Phone Number):

a. _____
b. _____

6. In Case of Emergency, Contact:

Name: _____ Relationship: _____
Address: _____
City: _____, BC Postal Code: _____ Phone: _____

I understand that should I not be able to perform my volunteer responsibilities appropriately, I may be asked not to continue volunteering.

Date

Applicant's Signature

Thank you for taking the time to fill in the application.