



VOLUNTEER APPLICATION FORM

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE (Home) _____ PHONE (Cell) _____

EMAIL _____ AGE _____

WHAT TYPE OF VOLUNTEER EXPERIENCE ARE YOU LOOKING FOR?

- Special Events
- Board Member
- Preschool Programs/ Care*
- Childrens' Programs*
- Adult Programs
- Fitness Centre/Programs
- 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, etc)**

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

APPLICATION DATE: _____ Parent/Guardian Signature: _____

Please fill out this application on-line at www.westpointgrey.org or bring in this version to the Main Office.