



Volunteer Application

PERSONAL INFORMATION

Name: _____ Next of Kin: : _____
Address: _____ Relationship: _____
_____ Postal Code _____ Telephone (Home): _____
Date of Birth: _____
Telephone (Home): _____ E-Mail: _____
(Work/Cell): _____
Do you have a Class 4 Driver's License? ___ Yes ___ No License #: _____

REFERENCES (must NOT be family members - volunteers over 18)

Name: _____ Name: _____
Address: _____ Address: _____
_____ Postal Code _____ _____ Postal Code _____
Telephone: _____ Telephone: _____

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

Preferred Assignment/facility: _____

Signature: _____ Date _____

Youth 14 to 17 years of age must have parental permission to become a volunteer.

Parental/Guardian Permission

My daughter/son _____ has my permission to serve as a volunteer at _____

Name of parent/guardian: _____

Address of parent/guardian: _____

Phone: Home _____ Work _____ Cell _____

Signature of parent/guardian: _____ Date _____

***Two teacher references are required. Please see attached forms.**