



VOLUNTEER APPLICATION FORM

Name _____ Date _____

Address _____

City _____ Postal Code _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Occupation or school: _____

Date of Birth if **under** 19 years: ___day/___month/___year/___ Age (optional): 19-30 years
31-45 years
46-65 years
over 65 years

Contact in Case of Emergency:

(Name) (Relationship) (Home Phone) (Work Phone)

Family Physician _____ Phone _____

Interests, Skills, School Activities, Certificates (CPR, First Aid) Computer skills?

Languages spoken: _____

Education/Career Interests? _____

Volunteer Experience? _____

Reasons for wishing to volunteer? _____

What type of volunteering would you like to do? _____

Volunteer Preferences: (Is there a specific area you would like to volunteer in?)

Programs: ___Preschool ___School Age ___Teens
 ___Adults ___Seniors ___People with Disabilities

Special Events: ___Craft Fair ___Sporting Events
 ___Youth Services ___Senior's Events/Out trips

Services: ___Senior's Services ___Youth Services ___Family Services

Administration ___Front Desk Reception ___Secretarial Positions

What kind of volunteer work do you enjoy the best? Circle (1 on 1 and/or group work)?

I want to volunteer ___ Summers Only ___ Year Round ___ Limited School Project

What times of the day are you available? _____

What do you hope to gain from volunteering? _____

Those volunteering for Special Events or working on projects at Parkgate may not require references.

Please list three references that we may contact. Include their address and phone numbers, and inform your references that we may contact them.

1.Name _____ Occupation _____ Phone _____

2.Name _____ Occupation _____ Phone _____

3.Name _____ Occupation _____ Phone _____

Note: A criminal record check is required for all volunteers (special event and project volunteers may be exempt) according to The Criminal Records Review Act 1996. The Act applies to volunteers in child care facilities (licensed or license-not-required) and licensed after school programs, residents age 12 and older.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if applicant 14 years or under): _____