

VOLUNTER APPLICATION FORM

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Contact Information:					
Full Name:					
Address:			City	:	
Postal Code:	Em	nail:	•		
Home Phone:	Wo	Work Phone: Cell Phone:			
Current Employer:			Position:		
Year of Birth:	Mon	th of Birth:	<u> </u>	Day of Birth:	
	N - 1	Landa an Davi			
	Vol	<u>lunteer Pro</u>	gram/Role	<u> </u>	
Volunteer Area of Pre	eference:				
☐ Anti-Human Trafficking	•		ng with at-ris	k youth in a residential	setting
Please check off all areas y			_		
- ·	h to school or so				
_	•	, ,		usic, sports, etc.)	
	nd yard work to I/or baking with	•	t & backyard	Deauliui	
	yor baking with	the youth			
☐ Violence Against Wom	• •		ing in admini	stration or fundraising	
Please check off all areas y			and worksho	ps & counselling appoir	otmente
	ations, especial				itinents
=	and yard work to	-	-		
☐ Board Member - 2-year		•	Board of Dir	rectors	
Please check of all areas of \Box Accounting,		•	n Resources	•	
☐ Event Mana			gic Planning		
□ Legal	300	□ Other:			



General	Inforn	nation:
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Please list any clubs, affiliations or organizations of which you are a member:	
Please list hobbies and interests that you have:	
•	

References:

Please provide contact information for the following references:

1. Character Reference	
Name:	City of Residence:
Phone:	Email Address:
Years known:	In what capacity?

2. Character Reference		
Name:	City of Residence:	
Phone:	Email Address:	
Years known:	In what capacity?	

3. Employment/Volunteer Work Reference		
Name:	City of Residence:	
Phone:	Email Address:	
Years known:	In what capacity?	

The information in this application is true to the best of my knowledge. I hereby waive the right to request disclosure of the personal information given about me by the individuals indicated above.

Signature: Click here to enter text. **Today's Date:** Click here to enter text.

Please Note: All volunteers are required to provide a clear Vulnerable Sector police check and volunteer drivers need to show proof of 2M in liability insurance coverage.