

Kennedy Seniors Recreation Centre VOLUNTEER APPLICATION FORM



Complete each section. Print clearly.

Last Name	First Name	Middle Name
Street Address		Apartment Number
City	Province	Postal Code
Home Phone Number	Business Phone Number	Fax Number
E-mail		
Emergency Contact:		

Additional Information

Are you a member of Kennedy Seniors Recreation Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Availability. Please check the box(es) for the day(s) and time(s) you are most often available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Or, my availability changes from week to week.

Skills and Interests. Please check all skills or interests that you feel you have and would like to apply to a volunteer job.

<input type="checkbox"/> Computers <input type="checkbox"/> Office <input type="checkbox"/> Cashier <input type="checkbox"/> Special Events <input type="checkbox"/> Kitchen <input type="checkbox"/> Cooking <input type="checkbox"/> Photography <input type="checkbox"/> Creative Writing <input type="checkbox"/> Other <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Language(s). What language(s) do you speak other than English?

Please sign and date to confirm the information is correct.

Signature

Date

**OFFICE
USE ONLY**

Date Received:

Date Director of
Volunteers informed:

Interview Date with
Director of
Volunteers:

Interview Date with
Group Convener:

Area of Volunteer
work: