



VOLUNTEER APPLICATION

Please complete and return to our offices at the Sweeney Neighbourhood Centre, 2nd floor.

Date: _____

First Name: _____ Last Name: _____

Nickname: _____ Gender: _____

Home Address: _____
 _____ Postal Code: _____

School: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Please check all that you're interested in:

Fields of Interest

Art Programs	<input type="checkbox"/>	Children's Day Camps	<input type="checkbox"/>
Sports Programs	<input type="checkbox"/>	Special Events	<input type="checkbox"/>
Cooking Programs	<input type="checkbox"/>	Outdoor Programs	<input type="checkbox"/>
Other:	_____		

Age Ranges

Preschool Age (0-3)	<input type="checkbox"/>
School Age (4-12)	<input type="checkbox"/>
Youth (13-18)	<input type="checkbox"/>
Adults (18-54)	<input type="checkbox"/>
Seniors (55-99)	<input type="checkbox"/>

Please tell us about yourself.

Volunteer experience:
Skills, education and training last completed:



Why do you want to volunteer for the Central Abbotsford Community School?

How did you learn about our volunteer opportunities?

Do you speak multiple languages? Please list.

Are you legally entitled to work in Canada on a permanent basis?

Are you able to complete a criminal record check?

Signature: _____ Date: _____

For applicants between 14-18 years of age, please have a Parent/Guardian sign:

Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

<i>Interview completed by:</i>	
<i>Start Date:</i>	