



Courtenay Recreation Volunteer Application

Type of Volunteer Position Sought

- Preschool
- Children
- Teens (The LINC)
- Special Events
- Adapted

What TIMES would you be available?

- Any time
- Weekdays
- Weekends
- Daytime
- Evening

General Information

NAME _____

MAILING ADDRESS	City	Prov.	Postal Code
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CELL#:	Home#:	DATE OF BIRTH:	Day	Month	Year
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EMAIL: _____

AGE: _____

DO YOU CONSENT TO A CRIMINAL RECORD CHECK? Yes No

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE? Yes No

DO YOU CONSENT TO RECEIVING VOLUNTEERING EMAILS? Yes No

Interests & Skills

Areas of interest, hobbies: _____

Special Skills, Training, etc: _____

Related Volunteer or Employment Experience: _____

Why do you want to Volunteer? _____

What goals do you have for Volunteering? _____

Emergency Contact (name & phone number): _____

References:

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

Thank you for completing this form. It will help us find the most satisfying and appropriate volunteer service for you.

Date: _____