



Name: _____ Email: _____
 Address: _____
 Telephone: _____ Cell: _____
 Emergency Contact: _____ Relationship: _____
 Tel of Emerg Contact: _____

Please check volunteer preferences

- Board Director Administration/Reception Special Events/Fundraising
 Snow Angel Student opportunities Income Tax Program
 IT/Web Support Publicity/Outreach/Marketing Other: _____

Please CHECK the times you are available to volunteer:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

Have you ever been a volunteer before? Yes _____ No _____

Where? _____

What was your role? _____

How long were you in the role? _____

Describe your experience and training related to the volunteer role you prefer

Please submit a resume if requested

Please note: Some volunteer positions may require a volunteer sector police screening. Are you willing to have this complete? Yes _____ No _____

Signature: _____ Date: _____

Staff Assessor: _____ Date: _____