THE CENTRE FOR CHILD DEVELOPMENT
9460 140 STREET
SURREY, B.C. V3V 5Z4
(604) 584-1361
Volunteer Application Form

Dear Applicant:

Please fill out this form as completely as possible. It helps us to know who you are and what are your talents and interests. Please be aware, that as part of the application process, you will be asked to undergo a Criminal Record Check. Volunteers are currently accepted in the Recreation and Revenue Development services of The Centre.

❐ Female

Name: _____ ❐ Male   Age (if under 19): _____

Address: _____
(include street, city, postal code)

Home phone number: _____   Work phone number: _____

Email: _____

Emergency contact person: _____   Phone number: _____

I. **SKILLS AND INTERESTS**

Education background: _____

Future Education Plan: _____

Current occupation: _____

Hobbies, talents: _____

Previous volunteer experience: _____

_____

Is there any particular type of volunteer work or area in which you are interested? (Check all which apply).

☐ track & field team   ☐ fitness programs   ☐ aquatics, pool   ☐ fundraising events

Are there any programs you would not be comfortable with?

☐ no   ☐ yes, please explain: _____

Have you any physical limitations which may affect certain types of volunteer work?

☐ no   ☐ yes, please explain: _____

Please complete page 2

What languages do you speak?_____

II   AVAILABILITY

What times are you interested in volunteering? (fill in times you are available).

Days available	Monday	Tuesday	Wednesday	Thursday	Friday
Times: Morning					
Afternoon					

On a yearly basis: ☐ yes   ☐ no

Seasonal: ☐ fall   ☐ winter   ☐ spring   ☐ summer

Preferred start date: _____   Length of commitment (in months): _____

III.   REFERENCES

List names and phone numbers of two personal references:

Name: _____   Phone number: _____

Name: _____   Phone number: _____

Applicant's signature: _____   Date: _____

Legal guardian's signature: _____   Date: _____
               (if applicant under 19)

FOR OFFICE USE ONLY

References checked: ☐ yes   ☐ no   Criminal record check completed: ☐ yes   ☐ no

CRC approved: ☐ yes   ☐ no

Start date: _____   Days: _____   Times: _____

Department: _____   In data base _____

Comments: _____