VOLUNTEER APPLICATION FORM

Thank you for your commitment to volunteering in your community. Kensington Community Center has many opportunities for volunteers and we would like to see you! **Volunteers under age 13 require their parent's signature.**

Full Name: Date of Application:

Parent's Signature:

Address: City: Postal Code:

Telephone: Work :( ) Home: ( ) Other: ( )

E-mail: Male / Female: Birth date:

Emergency Contact: Emergency Contact #:

❑ SENIOR (over 60) ❑ ADULT (over 19) ❑ Youth (13-18) ❑ (under 13)

VALID CERTIFICATES/OTHER:

First Aid / CPR	❑ Yes	❑ No
Coaching Level 1	❑ Yes	❑ No
Class 4 Driver's Licence	❑ Yes	❑ No
Food Safe	❑ Yes	❑ No

Criminal Records Check (may be required if working with children) ❑ Yes ❑ No

Other (please specify)

SPECIAL SKILLS & TRAINING:

Examples: juggling, sports, arts, computer etc:

PLEASE CHECK YOUR EXPERIENCE:

Preschoolers ❑ Children ❑ Youth ❑ ESL ❑ Disabled ❑ Other (please specify)

LANGUAGES:

First Language & Other:

WHAT DO YOU HOPE TO ACHIEVE BY VOLUNTEERING AT KENSINGTON COMMUNITY CENTRE?:

Gain experience ❑ Something to do ❑ Career development ❑ CAPP hours ❑ Make friends ❑

Other (please specify)

WHAT DAYS / TIMES ARE YOU AVAILABLE?

Monday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Tuesday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Wednesday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Thursday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Friday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Saturday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day
Sunday	❑ AM 8:00-1:00	❑ MID-DAY 1:00-5:00	❑ PM 5:00-10:00 ❑ All Day

Other (please specify)

PLEASE CHECK WHAT AREAS INTEREST YOU?

Special Events ❑ Preschool ❑ Children ❑ Youth ❑ Seniors ❑ Fitness ❑ Association Committee ❑

Daycamps 2007 ❑ Wk 1 July 3-6 ❑ Wk 2 July 9-13 ❑ Wk 3 July 16-20 ❑ Wk 4 July 23-27 ❑ Wk 5 July 30-Aug 3 ❑ Wk 6 Aug 7-10 ❑ Wk 7 Aug 13-17 ❑ Wk 8 Aug 20-24

Other (please specify)

REFERENCES:

Name, Phone Number, Position held with them

Name, Phone Number, Position Held with them

I have read the information contained in this document and agree that all information is correct.

Please fax or email this completed form to: 604.718.6215 or kensingtoncc@vancouver.ca **with SUBJECT: VOLUNTEER APPLICATION**

Kensington Community Centre 5175 Dumfries St. Vancouver, BC, V5P 3A2 Phone (604) 718-6200 Fax (604)718-6215