

## VOLUNTEER APPLICATION

### CONTACT INFORMATION

Name	
Address	
Home Phone	
Mobile	
E-Mail Address	

### AVAILABILITY

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

Other: \_\_\_\_\_

### WORKING WITH CHILDRENS CHECK

- Yes  
 No

### INTERESTS

Tell us in which areas you are interested in volunteering

- Administration  
 Events  
 Field work  
 Fundraising  
 Newsletter production  
 Volunteer coordination  
 Arts and Culture  
 Other: \_\_\_\_\_

### SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Volunteer ID Number: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE**

Summarize your previous volunteer experience.

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**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name	
Address	
Home Phone	
Mobile	
E-Mail Address	

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**OUR POLICY**

It is the policy of Nintirri Centre Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.