

Volunteer Application Form

Date of Application: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email: _____

Date available to start: _____ Date of Birth : _____
(mm/dd/yyyy)

Position Applied for: _____

Language Proficiency: English Other _____ Are you volunteering as a requirement for hours? YES NO

If yes, how many hours and what is it for? _____

Have you volunteered at BGC Durham before? YES NO Access YES NO
If yes, when? _____ to Vehicle:

Please describe skills or experience you have that are related to the area you are interested in volunteering:

Why would you like to volunteer with BGC Durham?

Areas of interest & availability (check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> After-School Program | <input type="checkbox"/> Facilitating Workshops | <input type="checkbox"/> Information Booths | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Learn On | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Evening Programs | <input type="checkbox"/> Gardens | <input type="checkbox"/> Office Assistant | |

Availability (please fill in specific hours if possible)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						
Evening						

References

Please list two references. (Do not include relatives)

Full Name: _____

Relationship: _____ Phone: _____

Email: _____

Full Name: _____

Relationship: _____ Phone: _____

Email: _____

Signature

Signature: _____ Date: _____

Signature of Applicant: _____ Date: _____