



Volunteer Application Form

Name:	Full Address:
Date of Birth:	Email:
Phone #:	Alternative Phone #:
Emergency Contact:	Emergency Contact #:

Please list any certifications you may have:

Please indicate your preference in where to volunteer (ie. Program, curriculum, maintenance, administrative...)

If you would like to volunteer in our programs, please indicate which groups interest you:

- Preschool 3-6 yrs.
- Children 6-12 yrs.
- Youth 12-16 yrs.
- Adults 16+ yrs.
- Seniors 65+ yrs.

Please check your availability:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Why would you like to volunteer at Carp Ridge Learning Centre?

I recognize that as a Carp Ridge Learning Centre Volunteer, I will submit a criminal record check.

Applicant Signature

Date
