

VOLUNTEER APPLICATION		
APPLICANT INFORMATION		
Name:		
Current address:		
City:	Postal Code:	Phone number:
Email:		
EMERGENCY CONTACT		
Name:		
Phone:		
Relationship:		
DRIVING INFORMATION		
Do you possess a valid driver's license: (please circle one) YES NO		
Would you use your vehicle to drive if requested: (please circle one) YES NO		
If yes, do you have \$1, 000,000 liabilities insurance? (please circle one) YES NO		
Do you possess an up to date certificate in any of the following? (please circle all that apply)		
<ul style="list-style-type: none"> <li>• First Aid</li> <li>• CPR</li> <li>• Other</li> </ul>		
PREVIOUS VOLUNTEER EXPERIENCE		
Please list any previous volunteer experience that you have.		
#1 Name of organization/group:	How long?	
Description of involvement:		
#2 Name of organization/group:	How long?	
Description of involvement:		
SKILLS AND SPECIAL INTERESTS		
Please list any skills or special interests that you have.		

<b>DAYS AVAILABLE (PLEASE CIRCLE DAY(S) AND TIME(S))</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening	Morning Afternoon Evening

<b>REFERENCES</b>	
Please sign and date below to give permission for the Volunteer Coordinator to contact the following people.	
#1 Name:	Phone: (home)
Address:	Phone: (work)
Relationship:	
#2 Name:	Phone: (home)
Address:	Phone: (work)
Relationship:	
#3 Name:	Phone: (home)
Address:	Phone: (work)
Relationship:	

Signature of applicant:	Date:
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Please return to:  
Crossing All Bridges Learning Centre  
25 Bell Lane  
Brantford, Ontario  
N3T 1E1

Or email to:  
info@crossingallbridges.ca

Thank you!