

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"> • First Aid • CPR • Other 		
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.		

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

REFERENCES	
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:	

Please return to:
Crossing All Bridges Learning Centre
65 Sky Acres Drive
Brantford, Ontario
N3R 5W6

Or email to:
info@crossingallbridges.ca

Thank you!