

519.842.6151

C 1		£		• · · · ·
Cont	act i	nto	rma	tion

Contact Informat					
Name					
Street Address, Ci	ty, Postal Code				
Home Phone					
E-Mail Address					
Age					
Availability During which progr Summer Camp _			lunteer summer volu afternoons 12:30-		all day (9-4pm)
Week	Monday	Tuesday	Wednesday	Thursday	Friday
July 2th - 4th					
July 7th-11th					
July 14th-18th					
July 21nd- 25th					
July 28th-Aug 1st					
Aug. 5th -8th					
Aug. 11th - 15th					
Aug. 18th - 22nd					
Interests Tell us in which are Events Organizing/Cle Newsletter Pro Special Skills or C Summarize special through other activ	aning duction Qualifications skills and qualific	Face Painting Tourism/Retail Craft Prep/Dis ations you have ac	//Reception	Children's Program Activity Organizat Other, please spe ment, previous vo	cion/Leading cify

Previous Volunteer Experience		alo.
Summarize your previous voluntee	ег ехрепенсе, н арриса	ne.
In Case of Emergency		Pg 2 of 2
Name		
Street Address, City, Postal Code		
Home Phone		
Work Phone		
E-Mail Address		
Health Issues		
Physician Contact		
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Name (printed)		
Signature		
Date		
origin, gender, sexual preference, processed by the Ontario Provincia	age, or disability. You wi al Police.	unities without regard to race, colour, religion, national II be asked to fill in a volunteer screening form to be ur interest in volunteering with us.
Date Submitted	Date Approved	Approved by