

Please complete the table below:

VOLUNTEER'S INFORMATION

Last Name:

First Name:

Date of Birth (month/day/year):

Home Address, City, Province, Postal Code

Home Phone Number:

Cell Phone Number:

E-mail Address:

Current School:

Availability for Volunteering: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please list any previous volunteer experience:

Do you have any requirements that we need to know about?

EMERGENCY CONTACT INFORMATION

First and Last Name of Emergency Contact:

Relationship to Volunteer:

Primary Phone Number:

Alternate Contact Phone Number:

I confirm that I have read and accept the contents of this document:

Date

Legal Name of Guardian (please print)

Signature

For more information about youth volunteering or other programs, resources, or opportunities for youth, please contact:

Sally Chan
Community Youth Worker
Hillcrest Centre
sally.chan@vancouver.ca