Strangway Adult Community Centre: Volunteer Application

Thank you for considering volunteering at the Strangway Centre! Our Centre has a small staff so we rely on many volunteers to contribute to daily operations of our Centre.

Please select which volunteer opportunities are of interest to you:

 Café Cook Server Dishwasher Front Desk 	 Hobby Shop Supervisor Special Events Advisory Board Convening/teaching a class or program
Tell us a little about yourself	
Name:	
Address:	City:
Postal Code:	_ Phone Number:
Email:	
Emergency Contact:	Phone Number:
Why do you want to volunte	er?
What makes you a great vol	unteer? (skills, training, hobbies etc.)

Do you currently volunteer or have volunteered before? If so, where?

□ This is my first time volunteering. (Great! Thanks for thinking of us!)

Where:	_ When:
Role:	
Where:	_ When:
Role:	
Are you currently	
 Employed. Where? Looking for work 	

Retired. Where did you used to work? ______

In school. Where?

When are you available to volunteer?

(Please check off the options that work best for your schedule.)

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Weekend			

Reference:

Name: ______ Relationship: _____

Phone Number: _____ Email: _____

We will contact you to set up a meeting shortly. Thank you for reaching out to Us!

Signature