



VOLUNTEER APPLICATION FORM

Application Date: _____

A. PERSONAL INFORMATION (PLEASE PRINT CLEARLY)			
Full Name:	Gender:	Birthdate*	
Address:	City:	Postal Code:	
E-mail Address:	Home Phone:	Cell Phone:	
Current School / Highest Completed Education:	Current Grade / University Program:	Age:	
Are you comfortable obtaining a Police Record Check (PRC)? <input type="checkbox"/> Yes <input type="checkbox"/> No *All volunteers over the age of 16 must complete a PRC.			
B. EMERGENCY CONTACT INFORMATION			
1.	Full Name of Contact:		
	Phone #1:	Phone #2: Relationship:	
2.	Full Name of Contact:		
	Phone #1:	Phone #2: Relationship:	
C. AVAILABILITY & INTERESTS <i>(in order to pair you up with the most relevant program[s], please fill out the information below)</i>			
When are you available (e.g. 3-9pm?) <input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____ <input type="checkbox"/> Saturday: _____ <input type="checkbox"/> Sunday: _____	Program Interest(s): <input type="checkbox"/> Preschool (0-6 yrs.) <input type="checkbox"/> Children (7-13 yrs.) <input type="checkbox"/> Youth (14-18 yrs.) <input type="checkbox"/> Adults (19-64 yrs.) <input type="checkbox"/> Seniors (65+ yrs.) <input type="checkbox"/> All Ages (Birthdays/Special Events)	Commitment: <input type="checkbox"/> Half Day / Full Day (Special Events) <input type="checkbox"/> Short Term (1 month or less) <input type="checkbox"/> Seasonal (weekly, 3-4 months) <input type="checkbox"/> Ongoing/Regular (weekly, 4+ months)	Language(s) Spoken: 1. _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write 2. _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write 3. _____ <input type="checkbox"/> Speak <input type="checkbox"/> Write
D. ADDITIONAL INFORMATION: SKILLS, INTERESTS AND HOBBIES <i>(in order to pair you up with the most relevant program[s], please fill out the information below)</i>			
Have you ever been involved with KCC as a volunteer? <input type="checkbox"/> Yes, for _____ years <input type="checkbox"/> No			
List your past work and/or volunteer experiences (if any):	Education and training (e.g. First Aid, NCCP, etc.):		
List your Interests/Hobbies:	Do you have any health concerns you would like us to be aware of?:		
Why do you want to volunteer at KCC?			
E. REFERENCES – Please provide us with two references (not family members)			
1	Full Name of Contact:	Phone:	
	Email Address:	Relationship to you:	
2	Full Name of Contact:	Phone:	
	Email Address:	Relationship to you:	