

Family Education and Support Centre

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Phone Number: _____ e mail: _____

Volunteer Position: _____

Location: _____

Two References: (May be from other volunteer organizations)

1. _____

2. _____

I give my permission for these references to be contacted by the Family Education and Support Centre.

Volunteer Signature: _____

Date: _____

Office Use:

Start Date: _____ Position: _____

Orientation: Yes No Date: _____

Police Record Check: Yes No Date: _____

Confidentiality agreement signed: Yes No Date: _____