



Volunteer Application

Date: _____ Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address (optional) _____

Describe the type of volunteer work desired: _____

Are you a student? No Yes

If 'yes' please list Educational Institute and Areas of Study: _____

Are you employed? No Yes

If 'yes' please list Employer and Occupation: _____

Past Training and Work Experience: _____

Why do you want to volunteer for Community Connections Society of Southeast BC (CCS)?





Please list any special skills e.g. First Aid, Musical training, Sign Language, Other Languages:

Do you have a Class 5 Driver's License? No Yes

Please list your Interests/Hobbies/Sports: _____

Past volunteer experience: _____

Relevant medical information of which you think CCS should be aware:

Hours available (please check all times you are available):

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mornings							
Afternoons							
Evenings							

Signature

Date



We would like to acknowledge that we are on Ktunaxa ?amak?is, the territory of the Ktunaxa people