

VOLUNTEER REGISTRATION FORM

Name:		
Address:		Phone:
City:	Province:	Postal Code:
Date of Birth: (optional)		
Email:		
In case of Emergency Notify:		

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:

- General Office (e.g. office administration, typing, photocopying etc.)
- Special Events (e.g. Silly Boat Regatta, Little Drummer Fund)
- Child Minding (assisting staff with children during programs)
- Bingo (handing out CDC brochures, handing out prizes)

Please list specific skills

Do you type? How fast?
Are you familiar with computers? What programs?
What Languages do you speak?
Your special skills, interests, hobbies?

WHEN ARE YOU AVAILABLE? PLEASE BE SPECIFIC:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

What is the minimum period of time you expect to be able to commit to volunteer service?

- Up to 3 months
- Up to 6 months
- 1 year or longer

I HAVE EXPERIENCE WITH WORKING WITH CHILDREN/CHILDREN WITH SPECIAL NEEDS

(please provide details)

WORK AND VOLUNTEER EXPERIENCE

Company	Contact Person	Phone Number	Duties

EDUCATION/COURSES

If you are a STUDENT please complete the following:

Name of school and program:	
What year are you enrolled in?	
How many volunteer hours do you need to complete?	

PLEASE GIVE AT LEAST TWO REFERENCES WITH PHONE NUMBERS

1.	Phone:	Relationship:
2.	Phone:	Relationship:
3.	Phone:	Relationship:

- I have received a copy of the Nanaimo Child Development Centre Volunteer Manual and understand my roles and responsibilities.
- I have informed my supervision of any health or specific disability that would interfere with my performance as a volunteer.
- I have provided a current criminal record check.
- I have signed a confidentiality form.

Signature

Date

FOR USE BY VOLUNTEER RESOURCES

<input type="checkbox"/> SIGNED CONFIDENTIALITY FORM
<input type="checkbox"/> CRIMINAL RECORD CHECK
<input type="checkbox"/> ORIENTATION DATE
<input type="checkbox"/> AREA/DEPARTMENT:
<input type="checkbox"/> DAYS:
<input type="checkbox"/> TIME:
<input type="checkbox"/> START DATE:
<input type="checkbox"/> ASSIGNMENT:
<input type="checkbox"/> ONE MONTH EVALUATION:
<input type="checkbox"/> THREE MONTH EVALUATION:
<input type="checkbox"/> ANNUAL EVALUATION:
<input type="checkbox"/> DEPARTURE DATE: