



Volunteer Application Form

Name: _____
 Address: _____
 Home Phone: _____ Other: _____
 E-mail: _____
 How would you prefer to be contacted? Home Phone Other E-mail

Previous Volunteer Activities:

Special Skills/Certifications:
 Food Safe Serving it Right First Aid Other: _____

Do you have special abilities or skills which could support VCM activities?:

Please indicate the volunteer activity(ies) in which you are interested:

<input type="checkbox"/> Ushering <input type="checkbox"/> Concession <input type="checkbox"/> Hosting <input type="checkbox"/> Serving <input type="checkbox"/> Word Processing	<input type="checkbox"/> Data Entry <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Phone Solicitation <input type="checkbox"/> Web Design <input type="checkbox"/> Billeting	<input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____ _____ _____
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In case of an emergency, please notify **Name:** _____
Phone: _____ **Relationship:** _____

Thank you for your interest. Someone will be in touch with you soon to discuss volunteering opportunities at the VCM. All volunteer personal information is for use by the VCM and is not shared. For additional information, please contact Brian Johnston at volunteer@vcm.bc.ca

 (Signature) (Date)

Submit completed application at the VCM main office or by email to volunteer@vcm.bc.ca