



Student Volunteer Application

LAST NAME

FIRST NAME

NAME: Mr. Mrs. _____
Miss Ms. _____

ADDRESS: _____
NUMBER/STREET/APARTMENT CITY POSTAL CODE

TELEPHONE: HOME () _____ BUSINESS () _____

EMAIL ADDRESS: _____

Students must be a minimum of 16 years of age. Do you meet this requirement? yes no

Name of High School: _____ University/College: _____
Grade: _____ Year _____ Major _____

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____

RELATIONSHIP TO YOU: _____

Please list your special skills that you feel would be useful (e.g. Courses taken, hobbies etc):

Previous volunteer experience:

Occupation: _____

Previous work experience: _____

Physical limitations: Hearing, lifting, walking, standing, other

Availability: Morning Afternoon Evenings Weekends

Days available: Monday Tuesday Wednesday
 Thursday Friday Saturday

How did you hear about Grandview?

Why do you want to volunteer at Grandview?

REFERENCES:

Please supply the names of three persons whom we may contact for a reference, excluding family members.

<u>Name:</u>	<u>Daytime Phone Number:</u>
1.	
2.	
3.	

**I authorize Grandview Children's Centre to check references listed on my application form.
I agree to comply with the policies and procedures of Grandview Children's Centre.**

Student Signature: _____ Date: _____

FOR COMPLETION BY PARENT OR GUARDIAN OF STUDENTS BELOW 18 YEARS OF AGE

My daughter/son _____, has my permission to serve as a volunteer at Grandview Children's Centre.

Has she/he any physical limitations which would govern the kind of assignment given? Yes No

If yes, please specify _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____