

LANGLEY SENIOR RECREATION & RESOURCE CENTRE

VOLUNTEER SERVICES APPLICATION

Date: _____

Name: (Mr./Mrs./Ms./Miss): _____

Phone: _____

Date of Birth: _____ (mm/dd/year)

Address: _____
Street City Postal Code

List the Volunteer assignments (areas) you are interested in:

1) _____ 2) _____

3) _____ 4) _____

Have you volunteered before? Yes ___ No ___ Where? _____

Special interests or previous work experience _____

I have had a tour of LSRC Yes ___ No ___

Languages spoken other than English: _____

Available Days:

<i>AM</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	<i>S</i>
<i>PM</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	<i>S</i>

In case of emergency:

Name: _____ Phone: _____

Physician: _____ Phone: _____

References:

1. Name: _____ Phone: _____ Relationship to you: _____

2. Name: _____ Phone: _____ Relationship to you: _____

Why do you want to volunteer? What do you hope to get from this volunteer position?

If accepted as a volunteer, will you be able to commit to a weekly shift of 2 – 4 hours? Yes No

Commitment to program:

3 months 6 months one year indefinitely

Some of our programs require a police check and/or drivers abstract.

I am willing to abide by the rules of the Langley Senior Recreation & Resource Centre and will keep confidential any personal information.

Date: _____

Signature: _____

FOR OFFICE USE ONLY:

Positions of Interest:

KITCHEN MAINTENANCE FRONT DESK OUTREACH DAY CARE HOST/HOUSTESS SPECIAL EVENTS

Start Date: _____ Area: _____

Volunteer Position: _____ Supervisor: _____

Remarks: _____
