



Volunteer Application Form

Name: _____ Date: _____

Mailing Address: _____
(Street, City, Prov., Postal Code)

Contact Methods (Please Circle Preference)

Phone: _____

Mobile: _____

Email: _____

Age

Under 25 26-35 36-45 46-55 56-65 over 65

Education Background

Some High School

High School

Some College College Certificate: _____

Some University University Degree: _____

Post Grad: _____

Emergency Contact

Name: _____ Relation: _____

Address: _____
(Street, City, Prov., Postal Code)

Phone: _____ Cell: _____

Is there any medical information you would like to share with us?

I choose not to provide emergency contact information to Gateway

Current Occupation: _____

Area(s) of Work Experience/Leadership/Special Skills or Interests

Languages: Do you speak another language?

Yes No If Yes, which ones? _____

Transportation: Do you have access to a car?

Yes No Other Transportation? _____

Media: How did you hear about Gateway Centre for Learning?

Newspaper Radio Internet Signs Word of Mouth Other

Availability: Please check (✓) the when you might like to volunteer with us.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Day: 8 am – 12 noon							
Afternoon: 12-4 pm							
Evenings: 4 - 9 pm							
Other:							

How many hours a week do you think you would like to volunteer? _____

Is there a time of year when you are unavailable? _____

Areas of Interest:

Please rank your top three areas of interest where 1 is most and 3 least

- ___ Adult Tutoring ___ Bingo ___ Office Support
- ___ Bookstore ___ Board of Directors ___ Committees
- ___ Fundraising ___ Computer Support ___ Social Media

Recognition: How do you like to be recognized?

- ___ Thank You Cards ___ Social Gatherings ___ Gifts
- ___ Certificates ___ Personal Emails ___ Face-to-Face
- ___ Other: _____

References: Please provide us with two references (non-family members)

1 Name: _____ Phone: _____

2 Name: _____ Phone: _____

I give Gateway permission to contact my references: _____
(signature)