

Date Received: _____
(for office use only)



Volunteer Application Form

Contact Information

Name: _____

Address: _____

(Street, City, Prov., Postal Code)

Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact Phone Email Text

Age

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

Education Background

Some High School High School Some College/University
 College Certificate/Diploma University Degree Post Graduate Degree

Area of Study: _____

Work Background

Current/Previous Occupation: _____

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

Do you speak another language

Yes No If Yes, which ones? _____

Do you have access to transportation?

Yes No

How did you hear about Gateway Centre for Learning?

- Newspaper Radio Internet Signs Word of Mouth Other

Hours of Availability

Table with 7 columns: Mon., Tues., Wed., Thurs., Fri., Sat., Sun.

How many hours a week would like to volunteer? _____

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

Which area(s) would you be interested in volunteering?

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

How do you like to be recognized as a volunteer?

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

Emergency Contact

Name: _____ Relation: _____

Phone: _____ Cell: _____

Do you have any medical conditions that we should be aware off?

I give permission to Gateway Centre for Learning to contact and share medical information with my emergency contact in the event that I am incapacitated and unable to do so.

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

1 Name: _____ Phone: _____

2 Name: _____ Phone: _____

I give Gateway permission to contact my references

Signature

Date