

Previous volunteer experience:

Training: First Aid Food Safe Serving it Right WorldHost
 Other: _____

Can you work in other languages? If so, then please list them all:

What days and times are you available to volunteer?
 Weekdays Weekends Mornings Afternoons Evenings

What type of placement would you prefer? Please only choose a maximum of *FOUR* categories.

<input type="checkbox"/> Admin/Finance	<input type="checkbox"/> Cultural (art, music, theatre)	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Animals	<input type="checkbox"/> Driving	<input type="checkbox"/> Maint/Handyman	<input type="checkbox"/> Special Events
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Education/Tutoring	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Beautician	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Sport/Recreation
<input type="checkbox"/> Board/Committee	<input type="checkbox"/> Environmental	<input type="checkbox"/> Office Clerical	<input type="checkbox"/> Work with Youth
<input type="checkbox"/> Children	<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Outdoors	
<input type="checkbox"/> Computers	<input type="checkbox"/> Gardening	<input type="checkbox"/> Retail/Cashier	
<input type="checkbox"/> Corrections/Court Work	<input type="checkbox"/> Health/Hospital	<input type="checkbox"/> Safety	
<input type="checkbox"/> Counsel/Guidance	<input type="checkbox"/> Kitchen/Food Services	<input type="checkbox"/> Service to Seniors	

I hereby give permission to release my name to organizations requesting volunteers in areas where I have shown interest:

Signature: _____ Date: _____

OFFICE USE ONLY

Job #	Organization Name	Other Information:
# _____	_____	<input type="checkbox"/> Walk-In
# _____	_____	<input type="checkbox"/> Appointment
# _____	_____	<input type="checkbox"/> Phone Interview
# _____	_____	<input type="checkbox"/> Email

Interviewed by: _____ **Vol. #:** _____
_____ **Entered By:** _____
(Print first name) (Print first name)

Thank you for your support to the community.
Volunteer Kamloops
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