Team Leader

**Registration**

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 Last Name First Name

### Street Address

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 City Province Postal Code

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| --- | --- |
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Home Number Cell Number

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Email Address

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### School/Occupation

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|  |

Availability (Days, Hours)

Do you have transportation? [ ]  Yes [ ]  No

Do you have previous volunteer experience? [ ]  Yes [ ]  No

If Yes, please describe:

Why do you wish to become a VNYN Team Leader?

**Security Information Release:**

## Have you ever been charged with an indictable offense and not received a pardon?

[ ]  Yes [ ]  No

 **Please include criminal record check with these forms.**

I declare that the information provided on this application is correct and complete and I hereby authorize the Volunteer Nanaimo to verify the information submitted herewith.

For purposes of establishing eligibility, I hereby give Volunteer Nanaimo permission to convey information contained herein to agencies that may consider using my services.

Signature Date