



Volunteer Registration

Name: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

Emergency Contact: _____

Please list specific skills, languages, and hobbies:

When are you available? Please be specific.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please give at least two references with phone numbers.

Name	Phone Number	Relationship

- I acknowledge that this project requires a 6-month minimum commitment.
- I can provide a current criminal record check. Please contact Gwen Vonarx for forms (250) 667-1803.
- I am under 19 years of age. Please contact Gwen Vonarx for details on reference letters in lieu of CRC.

Signature

Date

Please forward completed form to: handinhandnanaimo@gmail.com, by FAX: 250-758-7106 or by mail or in person: Volunteer Nanaimo, E-3148 Barons Rd., Nanaimo, BC V9T 4B5, ATTN: Michelle Kocourek or Gwen Vonarx

For office use only:
Matched with: _____