



CORYDON COMMUNITY CENTRE



CORYDON COMMUNITY CENTRE VOLUNTEER APPLICATION FORM

NEW APPLICANT

RE-APPLYING

FULL NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE: (DAY) _____ (EVENING): _____ CELL: _____

BIRTHDATE: _____ (OPTIONAL) VALID DRIVER'S LICENSE: YES NO

ADDITIONAL CONTACT INFORMATION IF APPLICABLE:

SCHOOL COUNSELLOR NAME: _____ PHONE: _____

PROGRAM COORDINATOR NAME: _____ PHONE: _____

OTHER: _____ FAX: _____ EMAIL: _____

What type of volunteer opportunity are you interested in?

What do you hope to gain from your volunteer experience?

Hobbies, Skills and interests:

Previous volunteer experience (i.e: school, church, neighbourhood, etc):

EDUCATION AND/OR SPECIAL TRAINING: _____

GRADE LEVEL COMPLETED: _____

SIR JOHN FRANKLIN
1 Sir John Franklin Road
(204) 489-9537

CRESCENTWOOD
1170 Corydon Avenue
(204) 452-9844

RIVER HEIGHTS
1370 Grosvenor Avenue
(204) 488-7000



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CERTIFICATES/DIPLOMAS: _____

DEGREES: _____

DO YOU HAVE CURRENT FIRST AID/CPR CERTIFICATION? Yes No

Language(s) Spoken: English French Other

Are you presently employed? Yes No Where?

REFERENCES (must be adult & non-family):

1) _____ Phone: _____

2) _____ Phone: _____

EMERGENCY CONTACT NAME: _____

Phone: _____ Relationship: _____

To the best of my knowledge, the above information is correct and I understand that any falsification of this record is cause for termination.

Date: _____ Volunteer Signature: _____

Parent/Guardian Signature: _____ Print: _____

**A RESUME MAY BE ATTACHED TO THIS APPLICATION
COMPLETED APPLICATIONS MAY BE FORWARDED TO CORYDON COMMUNITY CENTRE
THROUGH EMAIL: CKIELOCH@CORYDONCC.COM**

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