



Volunteer Application Form

Thank you for your interest in the Northstar Cultural Community Centre. The Northstar Cultural Community Centre is a "community-centered" Canadian charity where members, volunteers, and staff work together to foster the development of spirit, mind and body of individuals and families. This is achieved by delivering programs that respond to needs in our community in a secure, caring, convenient and affordable environment.

PLEASE PRINT:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ Work Phone: _____

Province: _____ Postal Code: _____ Cell Phone: _____

Best time to contact you: _____ E-mail: _____

Please check which description(s) fits your current status:

- Employed full-time Student full-time Retired Stay-at-home parent
 Employed part-time Student part-time Other (please name)

Language(s) spoken: _____, _____, _____

Please check how you learned about volunteering at the Northstar Cultural Community Centre.

- Member Volunteer Staff/Volunteer Other:

Please check what areas/programs are of interest to you (you may check more than one box):

PLEASE NOTE: Volunteering in certain areas may have age specifications or may require specific qualifications, certifications or experience. For current program descriptions, please see the current Program Brochure.

Do you have access to a vehicle? No Yes Occasionally

Do you have a criminal record? Yes No

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED?

- General Administrative Support Special Events Committee Member
 Newsletter Reporting Newsletter Production Web Advisor/Researcher
 Historian Maintenance Virtual Volunteer
 No Preference Other: _____

IS THERE A PARTICULAR COMMITTEE IN WHICH YOU WOULD BE INTERESTED IN WORKING ON?

- "Secure the Cure" Fun Run "A Night To Remember" Gala & Auction
 Sean Fleming ADF Golf Classic Jeans & Jersey Dinner & Dance
 Other:

AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?

- I am flexible Prefer weekdays Prefer evenings Prefer weekends
 Days/times not available _____

Please check the time(s) that you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening

Morning (open-12:00pm) Afternoon (12:00-6:00pm) Evening (6:00pm-close)

HOW DID YOU HEAR ABOUT US?

- TV Paper Radio
 Internet Website Media signs
 Referred by friend/volunteer
 Other:

The Information on this form will be solely used for the purpose of determining your acceptance as a volunteer and will be stored and destroyed in accordance with the Freedom of Information and Protection of Privacy Act.