



Sarnia-Lambton

### VOLUNTEER APPLICATION

Must be 14 years of age or older to volunteer

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If a student;

Name of Secondary OR Post-Secondary School: \_\_\_\_\_ Grade or Major: \_\_\_\_\_

Languages spoken/written \_\_\_\_\_

**AVAILABILITY:** Please write in specific time periods.

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

**PRIMARY AREA OF INTEREST:**

Youth Programs

Administration

Board of Directors

Fundraising

Other

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide 3 character and/or professional references. All references must have known the applicant for at least 1 year. Relatives, spouses, or equivalent do not qualify.

1. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Years known \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Years known \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Years known \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I voluntarily give BGC Sarnia-Lambton the right to make a thorough investigation of my past activities and agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying information.

I understand that any false statements made by me on this application or supplement thereto, or in connection with the above mentioned investigation will disqualify me for a volunteer position.

I further understand that I must undergo a criminal record check (if 18 years of age or older). I hereby verify I have not been charged with a criminal offence for which I have not received a pardon.

Applicant's Signature

Parent/Guardian Signature  
(if under 18)

Date