



The Centre DREAM Volunteer Program

| Please complete the following form and return it to Linden Smith or staff at The Centre | | | |
|--|--|----------------|--|
| Date | / / | | |
| Name | | | |
| Address | | | |
| Phone 1 | | Phone 2 | |
| Email address | | | |
| Which Centre program would you like to volunteer for? | <input type="checkbox"/> Homework Club <input type="checkbox"/> The NEWS <input type="checkbox"/> Spring Fling <input type="checkbox"/> Centre Adventures <input type="checkbox"/> Other (please indicate) | | |
| Skills you would like to develop as a Centre Volunteer | | | |
| Current occupation / study | <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> | | |
| *Please attach resume | | | |
| References (personal or work) | Name..... Phone..... Relationship..... Name..... Phone..... Relationship..... | | |
| Hobbies or interests | | | |
| Please advise of any health problems or conditions that staff should know about for you own and other's safety: | | | |
| Emergency Contact Details: | | | |
| Name: | | | |
| Relationship to you: | | | |
| Phone 1: | | Phone 2: | |

| PERSONAL INFORMATION: | |
|---|--|
| Please note this section is optional. Information is for program reporting purposes only. | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/other |
| Birthday | |
| Cultural background | |
| Languages spoken at home | |
| Country of birth | |

