



Cameryn's Cause Volunteer Application

Volunteer Information			
Name			
Mailing address			City
Province	Postal Code	E-mail	
Home Phone		Cell Phone	
List the types of volunteer activities that interest you			
Volunteer Experience			
Organization	Responsibilities	From (yy-mm)	To (yy-mm)
<input checked="" type="checkbox"/> (Check all that apply) Indicate the skills and experience you have to offer			
<input type="checkbox"/> Clerical Skills <input type="checkbox"/> Food Service/Food Safe <input type="checkbox"/> Special Event Planning <input type="checkbox"/> Experience with Children <input type="checkbox"/> Not-For-Profit Experience <input type="checkbox"/> Cash Handling Experience <input type="checkbox"/> Computer Skills <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Office Administration <input type="checkbox"/> HR Management <input type="checkbox"/> First Aid Training <input type="checkbox"/> Serving It Right	<input type="checkbox"/> Fundraising Experience <input type="checkbox"/> Website Development/Graphic Design <input type="checkbox"/> Computer/IT Maintenance <input type="checkbox"/> Media /Public Relations <input type="checkbox"/> Governance/Legal <input type="checkbox"/> Financial Management <input type="checkbox"/> Strategic and Organizational Planning <input type="checkbox"/> Promotional /Advertising Experience <input type="checkbox"/> Marketing <input type="checkbox"/> Health Care(Specify)_____ <input type="checkbox"/> Proposal Writing <input type="checkbox"/> Communications/Writing <input type="checkbox"/> Other		

✓ (Check all that apply) Indicate your main reasons for volunteering							
<input type="checkbox"/> Share a skill or talent <input type="checkbox"/> Social interaction <input type="checkbox"/> Help others <input type="checkbox"/> Stay active and involved <input type="checkbox"/> Increase self confidence <input type="checkbox"/> Employment experience <input type="checkbox"/> Personal Interest in Cameryn's Cause				<input type="checkbox"/> Other (specify)			
✓ (Check all that apply) Indicate your availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Thank you for your interest in volunteering with Cameryn's Cause

Authorization and Acknowledgment	
<p>I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be revoked by Cameryn's Cause at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.</p>	
Signature	Date
Witness	Date

Administration Use	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Liability Waiver <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> Criminal Record Check (within 3 yrs) <input type="checkbox"/> Photo Release <input type="checkbox"/> Registered with Volunteer Campbell River	
Processed by:	Date

