



# 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: [TABBOTT@CORYDONCC.COM](mailto:TABBOTT@CORYDONCC.COM) OR BY FAX: 488-3224.**

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