



The CREW Guild Sarnia Inc.

VOLUNTEER APPLICATION FORM

- CONTACT INFORMATION

FULL NAME:

PREFERRED NAME/NICKNAME:

PHONE NUMBER:

EMAIL ADDRESS:

MAILING ADDRESS:

- VOLUNTEER PREFERENCES

TYPE OF ACTIVITIES YOU'RE INTERESTED IN:

PROGRAM / WORKSHOPS

EVENT PLANNING AND
COORDINATION

OTHER (PLEASE SPECIFY): _____

- AVAILABILITY:

- SKILLS & TALENTS

PLEASE LIST ANY SKILLS, OR SPECIAL TALENTS YOU WOULD LIKE TO SHARE:

- EDUCATION & EXPERIENCE

I understand that volunteering is a commitment of time and effort. I agree to follow the guidelines set by the organization and to carry out my role with respect and responsibility.

I understand that a Volunterable Sector crimial check is required to volunteer on a regualr basis with our program.

Signature: _____