

VOLUNTEER APPLICATION

Personal data			
Last Name:		Given Name(s):	
Address:	Street:	Apt. No.:	Telephone(cell):
City:		Province:	Postal Code:
Telephone(work):			
Length of commitment: <input type="checkbox"/> 6months <input type="checkbox"/> 1 year <input type="checkbox"/> Special assignment		Emergency Contact: Name:	Emergency(Telephone):
Specify days and hours: From _____ to _____		Relationship: Youth((14-24) <input type="checkbox"/> Student <input type="checkbox"/> Adult <input type="checkbox"/>	E-mail:
Have you ever been convicted of a criminal offense for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No For some positions a police check may be required.			
How did you hear about Kristus Dārzs?		If you were referred, who referred you?	
Why do you want to volunteer at Kristus Dārzs?			
Skills			
Do you sing or play a musical instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		Languages:	
		General interests:	
Personal References			
	Name and Relationship	Address	Telephone Number
1			
2			
3			

The facts set forth above in my application to volunteer at Kristus Dārzs are true and complete. I authorize you to contact my listed references, and in turn, I authorize them to supply you such information as may be relevant to my application for volunteering. I understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for dismissal from the Volunteer Services at Kristus Dārzs.

Signature of Applicant

Date