



Children's Centre

Foundation

THUNDER BAY

Children First

Children's Centre Foundation Volunteer Application

Please return completed application form to:
Foundation Coordinator
Children's Centre Foundation Thunder Bay
283 Lisgar Street
Thunder Bay, ON
P7B 6G6
Fax: (807) 345-0444

Name: _____

Address: _____
No. Street/Box No. City Postal Code

Contact Information: _____
Phone No. Email Address

Level of Formal Education: (List Degrees/Diplomas acquired)

Other Certificates or Licences:

WORK EXPERIENCE

Name of Employer:

Period of Employment:

From: (mm/yyyy)

To: (mm/yyyy)

Job Title:

**(Employment Continued)
Brief Description of Duties:**

VOLUNTEER EXPERIENCE

Name of Organization:

Title or Type of Service:

Period of Volunteer Service

From: (mm/yyyy)

To: (mm/yyyy)

Please use the back of this sheet if you wish to expand upon other work/volunteer experience.

1. What hobbies or special interests do you enjoy?

2. How did you become aware of the Children's Centre Foundation Thunder Bay Volunteer Program?

3. Why are you interested in doing volunteer work for the Children's Centre Foundation?

4. What do you hope to gain from being a volunteer worker here?

5. I can commit _____ hours per week.
I am available at various times throughout weeks/months/semesters _____
I can make a 6 month commitment: Yes: _____ No: _____
Please note that we are flexible, and may discuss availability during a meeting session with our Coordinator.

REFERENCE

Please provide one reference (not family), either in the community or in a past / present working situation.

Name: _____ Phone: _____ Relationship: _____

PERSONAL HISTORY / ADDITIONAL INFORMATION

If you do not have work or volunteer experience, please include any information about yourself that you feel would help us in our selection process.

Please use the back of this sheet if you wish to expand on this portion.

Please note that by signing and submitting this application form, you authorize that the information provided is accurate, and that permission is granted to contact references.

SIGNATURE OF APPLICANT: _____

DATE: _____

IF YOU ARE UNDER 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.

Parent/Guardian Signature: _____ Date: _____

Thank You for Your Interest in the Children's Centre Foundation!
If you have any additional questions or comments, please contact our Foundation Coordinator at laurac@childrenscentre.ca, or call our office at (807) 343-5000.

