Volunteer Application Position: Harvest Hut Attendant



Name:		Date:
Address:		
City	Province:	Postal Code:
Phone Number:		Text Messages: Yes/No
Email Address:		
Age: (if under 19 years)	_ Date of Birth (D/N	M/Y):
Parents Signature: (if under		
Emergency Contact:		
Phone Number:		
		ecause:
		[obbies:
Languages Spoken:		
First Aid Level:		
Community Affiliations (Clu	ıbs, Service Organiza	tions, etc.):

Dates you would be available to volunteer (please circle all that apply):

Mondays 5:00-8:00 (ish)pm

June 3, 10, 17, 24 July 1, 8, 15, 22, 29 August 5, 12, 19, 26

Mondays time TBA

September 2, 9, 16, 23, 30 October 7, 14

Personal Reference:	_Phone:
Business Reference:	_Phone:
Signature:	_ Date :

The Harvest Hut is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used by staff to identify an appropriate volunteer placement.

This information will be stored in a locked cabinet.

FOR OFFICE USE ONLY			
Orientation Date:	_ Interview date:		
Coordinators Signature:	_ Date Processed:		
First Placement:			