



## Volunteer Application Form

Last name	First name	Sex
Permanent Address		
Number	Street	apartment
	City	Province
	Country	Postal Code
Home Phone	Cell Phone	Email address
Preferred method of contact (check all that apply): <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell phone <input type="checkbox"/> E-mail	Emergency contact name and relationship:  Emergency contact phone:	
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Interest (Please specify):  		
Availability:		
	Morning	Afternoon
	Evening	Any
Weekday	<input type="text"/>	<input type="text"/>
Weekend	<input type="text"/>	<input type="text"/>
Education:		
Are you currently a student? <input type="radio"/> Yes <input type="radio"/> No		
Highest grade/level completed: _____		
Why do you want to join GIDSS?  		

*I hereby certify that all information in the application is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/guardian (for applicant under 16)

\_\_\_\_\_  
Date

<u>For office use only</u>
Date Received: _____
Comment: _____