

SARNIA KINSMEN VOLUNTEER APPLICATION



Please Print

First Name _____ Last Name _____

Address _____ City / Prov. _____

Phone # _____ Shirt Size _____

Personal Information

Male _____ Female _____

List previous volunteer experience _____

Serve:Smart : Yes _____ No _____ If yes
Cert.# _____

Volunteer Availability: (Circle all available days and include hours for each day)

Tuesday (set up)	Wednesday (set up)	Thursday (set up)	Friday (11-12pm)	Saturday (11-12pm)	Sunday (11-7) (teardown)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please indicate how many hours for each day you would like to volunteer

Emergency contact: Name _____

Phone # : _____
