



Times Available (Yes or No answer)

Weekends _____ Weekdays _____ Evenings _____

C. Please check the areas in which you feel comfortable volunteering.

- | | | |
|----------------------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fitness | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Childminding | <input type="checkbox"/> Music | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Office Work | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Outdoor Activity | <input type="checkbox"/> Photography |
| <input type="checkbox"/> With persons with special needs | | <input type="checkbox"/> Other _____ |

List your favorite activities and/or interests.

1. _____ 2. _____
 3. _____ 4. _____

What age level would you prefer assisting?

- | | | |
|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Children | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Young Adults | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |

Do you have any specialized training in assisting people with special needs?

Additional Information. (Clubs, Organizations, Previous Volunteer Positions, Certificates, etc.)

PERSONAL REFERENCES (3) – DO NOT LIST FORMER EMPLOYERS OR RELATIVES

Name	Address	Phone	# of Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I have completed this information to the best of my ability and agree to abide to the terms of employment if appointed.

Signed: _____ Date: _____



Parks, Recreation & Culture

756-5200

www.city.nanaimo.bc.ca