

Volunteer Application Form

Name:	Date:
Address	
Phone:	
Email:	
Occupation:	
If a student, what year & program:	
How did you hear about volunteering at	the Estevan Family Resource Centre?
Please list any organizations you have v	olunteered in a helping capacity.
What are your areas of volunteer interes	st?
☐ Fundraising	
\square Open for Drop in & Play	
☐ Special Events	
☐ Running Errands	
☐ Office Support	
Other	





What is your availability or how often would you like to volunteer?		
Please provide us with names, phone numbers and addresses of two references.		

You will be required to have a police record/vulnerable sector check done prior to any volunteer activities. Note: if you have a past record, this does not mean you cannot volunteer. Please speak directly to the Executive Director for more information.