

Chatham-Kent Children's Safety Village

Volunteer Application

Name:

Address:

City:

Province:

Postal Code:

E-mail:

Daytime Phone:

Evening Phone:

Person to call in the event of an emergency:

Relationship:

Phone:

I agree to provide a minimum of _____ hours of volunteer time over the next year.
(The year runs from the date this form is signed).

The ways in which I am willing to help are:

- | | |
|--|--|
| <input type="checkbox"/> Staffing the office | <input type="checkbox"/> Security for events |
| <input type="checkbox"/> Serving on the Board of Directors | <input type="checkbox"/> Helping with bulk mailings |
| <input type="checkbox"/> Serving at receptions | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Filing, office support | <input type="checkbox"/> Picking up things around town |
| <input type="checkbox"/> Coordinating special events | <input type="checkbox"/> Writing or researcher |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Compilation of packages |
| <input type="checkbox"/> Minute taking | <input type="checkbox"/> Meeting preparation |
| <input type="checkbox"/> Tracking of volunteer hours | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Prepare monthly volunteer reports | <input type="checkbox"/> Develop a variety of certificates |
| <input type="checkbox"/> Assist in training new volunteers | <input type="checkbox"/> Technical computer assistance |
| <input type="checkbox"/> Serve on committee | <input type="checkbox"/> Other: _____ |

I have special skills to offer in the following areas:
