Box 1723, Summerland B.C., V0H 1Z0

VOLUNTEER APPLICATION FORM

Agur Lake Camp is committed to protecting the privacy of personal information in accordance with the Personal Information Protection Act (PIPA). PIPA regulates how we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used by the Volunteer Resources Team to identify an appropriate volunteer placement. Agur Lake Camp values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability when handling personal information.

Please note that all volunteer applicants must agree to a criminal record check at no cost to themselves, should they be working with children or the Society's funds.

Full Legal Name: _____

Other name(s) you are known by: _____

Mailing Address: _____ City: _____

Postal Code: _____ Email (please print clearly): _____

Telephone – day: _____ evening: _____ cell: _____

Current Occupation: _____

Work Experience: _____

Education: (relevant workshops, courses, training programs) _____

_____

For detailed information concerning my work and volunteer experience I attach my resume.
Please circle: Yes No

I can help with – please check off all areas where you'd like to volunteer your assistance:

Audio Visual	Word Processing	Greeting	Grant Applications
Data Entry	Mailing	Newsletter	Media
Book Keeping	Logistics	Corporate Sponsorship	Music Events
Filing	Ticket Selling	Cook-outs	Photography
Record Keeping	Working Board Member	Baking	Outdoor Site Preparation
Correspondence	Event Planning	Displays	Outdoor Site Clean-up
Telephoning	Set up for events	Presentations	Publicity
Marketing	Information Booths	Inventory	Recognition

I am available to volunteer: days ___ evenings ___ weekends ___

Please complete both sides of this Application Form
Confidential when completed

I currently volunteer for: _____

I am currently a student at: _____

I am under the age of 19 and my parent/guardian gives permission for me to volunteer for Agur Lake Camp.
Name and signature of parent/guardian: _____

Mailing address of parent/guardian: _____

Telephone for parent/guardian: _____ cell: _____

References

Please provide two references, not family or friends, who can attest to your skills, capabilities and character.

Name: _____

Organization: _____

Mailing address: _____

Telephone: _____ email: _____

Name: _____

Organization: _____

Mailing address: _____

Telephone: _____ email: _____

I agree to a criminal record check at no cost to myself, should my volunteer duties involve working with children or the Society's funds

_____
Signature

I understand and agree that volunteer service with Agur Lake Camp is conditional upon:

1. Fulfilling a criminal record check if requested.
2. Observing all the rules, regulations and instruction governing volunteering by Agur Lake Camp in effect at the time of commencing volunteering or established at a later date
3. Truthfully completing this form.

I authorize Agur Lake Camp to contact all references.

I release Agur Lake Camp from all liability and responsibility for seeking references and all those giving references.

Name: _____ Signature: _____ Date: _____

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