



VOLUNTEER INFORMATION FORM

PERSONAL INFORMATION

Volunteer Name

Mailing Address

City/Town

Postal Code

Home Phone

Mobile Phone

Date of Birth

Allergies/Health Conditions We Should Be Aware Of:

VOLUNTEER INFORMATION

What Are Your Interests?

What Are Your Strengths?

Any special requests or other thoughts?

If 18+ are you able to provide a RCMP criminal background check? Yes No

Do you have valid First Aid/CPR Training (*Not required*): Yes No

If yes, please provide the expiration date: _____

Please return the completed form:

In person:
1 School Street, St. George

By Email:
info@easterncharlotte.ca

By Fax:
506-755-4329