

CONTACT INFORMATION

First Name: Last Name:
 Address: Postal Code:
 Phone Number: Email:

VOLUNTEER INFORMATION

What type of volunteer role are you interested in?

Boards & Committees *Please Specify*
 Community Gardens *Please Specify*
 Child/Youth Programs *Please Specify*
 Projects & Events *Please Specify*
 Other *Please Specify*

When would you be able to volunteer?

Days: Duration: Hours/Month:

Please describe any relevant experience you might have for this position:

How did you hear about volunteer opportunities at the VWCA?

VWCA Website Volunteer Victoria Word of Mouth Social Media Community Event
 Other: *Please Specify*

References

Name: Phone Number or Email:
 Name: Phone Number or Email:

EMERGENCY INFORMATION

Allergies: *Please Specify*
 Dietary Restrictions: *Please Specify*

Emergency Contact Information

Name: Phone Number or Email:
 Name: Phone Number or Email: