



STUDENT VOLUNTEER APPLICATION

Surname: _____ Given name: _____

Street address: _____ Town: _____

Postal code: _____ Home Phone: _____

Email Address: _____

Emergency contact: _____ Phone: _____

School: _____ Grade: _____

Days & Times available: _____

Previous or present volunteer/employment experience: _____

Hobbies or interests: _____

Why do you want to volunteer at The Gibson Centre?

OVER

Please provide two references that we may contact (no relatives):

Name

Phone #

Relationship to you

Name

Phone #

Relationship to you

Signature

Date

Parental Consent:

I hereby give my consent for my child to volunteer at The Gibson Centre for Community, Arts & Culture.

Signature of parent/guardian

Date