

Community Waterfront Heritage Centre 1155 1st Ave West Owen Sound, ON N4K 4K8 519-371-3333

www.waterfrontheritage.ca info@waterfrontheritage.ca

VOLUNTEER APPLICATION FORM

NAME:			
ADDRESS:			
EMAIL:	POSTAL CODE:		
TELEPHONE:	CELL/OTHER:		
OCCUPATION:			
PAST VOLUNTEER and/or	WORK EXPERIENCE:		
INTERESTS and SKILLS:			
Please check the volunteer position	ns that you are interested in:		
Educational Outreach	Visitor Services	Carpentry/ Painting	
Dining Car Project	Fundraising	Building Maintenance	
Special Events	Exhibit Design & Install	Gardening	
Database/ Data Entry	Photography	Office assistance	
Other			
Are you over the age of 19? Would you like to receive ou		(please circle respons By Email: YES NO	se)
the organization. The determining set, work/volunteer experience and waiver, criminal record/police chec	factors in the selection of volunteers to spect interpersonal skills. Certain positions may ck, and/or reference check. Individuals who personal information will be kept confident	rests of the volunteer and the requirements of cific roles include: level of responsibility, sker require the volunteer to consent to a liability of do not comply with these requirements may tial by the Community Waterfront Heritage	ill y
Volunteer Applicant (If applica	ble: Parent/Legal Guardian) Date		_