



Lee Wiggins Childcare Centre

# VOLUNTEER APPLICATION

## Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternative Email \_\_\_\_\_

Today's Date \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

## Related Experience\*

(Attach resume if possible) \*If none, any other work experience (No relatives as references please)

1. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

Contact Name & Position \_\_\_\_\_ Phone \_\_\_\_\_

2. Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

Contact Name & Position \_\_\_\_\_ Phone \_\_\_\_\_

## Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME					
FINISH TIME					

## Selection Process

If you are selected for the volunteer program you will:

1. Be contacted by a staff person to confirm position
2. Provide us with a positive Criminal reference check
3. Provide an up to date immunization record and TB test
4. Attend a MANDATORY information Session - a date will be communicated to you

Note: Reference letters will be given to volunteers who have completed 30 or more hours.