

**SUMMERLAND COMMUNITY CENTRE ASSOCIATION
VOLUNTEER APPLICATION FORM**

First name: _____ **Last name:** _____ (M/F)

Telephone: _____ **e-mail: address:** _____

Home Address:

Street/Number; _____

Mailing Address: _____

Post Code: _____

In Case of an Emergency Contact Information:

First Contact: _____

Relationship _____ Phone: _____

Second Contact: _____

Relationship: _____ Phone: _____

DAY AVAILABILITY: What day(s) are best suited for you? Circle relevant day(s) Monday; Tuesday; Wednesday; Thursday; Friday; Saturday; Sunday.

TIME AVAILABILITY: What times suit you. Morning; Afternoon; Evening; Weekends; Anytime. (Circle relevant times).

Do you have a valid Food Safe Certificate? Yes/No

If YES Certificate Number: _____ Expiry date: _____ A copy of your Food safe Certificate must be kept on file by SCCA If NO, are you interested in taking a Food Safe Course? Yes/No

What are your areas of interest?

I give SCCA permission to send me e-mails. (Yes/No).

Are you a member of SCCA (Yes/No).

I hereby offer my services as a volunteer at the SCCA and agree to abide by the Policies, Bylaws and procedures established by the Board of Directors. I also agree to respect the Private and Confidentiality of those with whom I will be working, and it is understood that the privacy and Confidentiality of my information will be protected. Please be aware that we occasionally take photos of events and activities in which you may appear. By signing, you give consent to use any photo in which you may appear.

Signature: _____ Date: _____