



**Boys & Girls Club  
of Niagara**  
A good place to be

**a good place to...**  
**play work learn live**  
**volunteer grow donate**

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Emergency Contact: \_\_\_\_\_  
Full Name Relationship Phone Number

Medical: \_\_\_\_\_  
Allergies/Special Needs

Employment: \_\_\_\_\_  
Company/Organization Name Position

Education: \_\_\_\_\_  
Elementary Secondary College University

If post-secondary completed, name of program: \_\_\_\_\_  
Diploma Degree

Which of our current volunteer opportunities are you interested in (please check all that apply):

<input type="checkbox"/> Bingo Fort Erie	<input type="checkbox"/> Student Placement (post-secondary only)	<input type="checkbox"/> Events
<input type="checkbox"/> Bingo Niagara Falls	<input type="checkbox"/> Youth	<input type="checkbox"/> Board
<input type="checkbox"/> Bingo St. Catharines		

Fort Erie Niagara Falls Niagara-on-the-Lake Pelham Port Colborne St. Catharines Thorold Welland

Phone: **905-357-2444** Fax: **905-357-7401** email: **club@bgcn.ca** web: **www.bgcn.ca**

**8800 McLeod Road, Niagara Falls ON L2E 0Y8**



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Why do you want to volunteer with the Boys and Girls Club of Niagara?

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What are some of your skills and talents that you would be willing to share with us?

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Please list any volunteer experience you have had.

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Please tell us how you heard about the Boys and Girls Club of Niagara.

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Thank you for completing this application. Once completed, please return to a BGCN program site for processing.

Name of Volunteer (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian to sign if under 18 years old): \_\_\_\_\_