



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):

- Bingo Fort Erie Student Placement (post-secondary only) Events
Bingo Niagara Falls Youth Board
Bingo St. Catharines



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

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

Please list any volunteer experience you have had.

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

Are there any special needs/accommodations the BGCN should know to assist you in your volunteer placement? (i.e. allergies, medical or other)

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): _____