



Community Information and Volunteer Centre Agency Request For Volunteers

Date:	Date received (CIVC use):	
Agency Name:		
Address:	Phone:	
City:	Postal Code:	Fax:
Contact Name:	Position:	E-Mail:

POSITION INFORMATION

Volunteer Job Title:
Describe the volunteer assistance you require (please be specific or include a volunteer assignment description): _____ _____ _____
Skills, qualifications, restrictions or specific points to be highlighted: _____ _____ _____
Where will the volunteer job be located?
What training and orientation will be provided?
Is a police records check required? <input type="checkbox"/> yes <input type="checkbox"/> no
Minimum age: Number of volunteers required: Vehicle required: <input type="checkbox"/> yes <input type="checkbox"/> no

TIME COMMITMENT

Frequency of volunteer commitment: <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> flexible
<input type="checkbox"/> One time event →date:
<input type="checkbox"/> Short term project →start date: →end date:
<input type="checkbox"/> Long term/ongoing

SPECIFIC TIMES AND DAYS REQUIRED:

DAY(S)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME(S)							