



VOLUNTEER APPLICATION 2011-2012

Date _____

Name _____

Address _____ Postal Code _____

Daytime phone _____ Cell _____ Other _____

Email _____ Birthday _____
Month/Day

Volunteer Opportunities

Supporting children and youth programs

Previous work with children and youth _____

Educational Background: _____

Resume Yes Attached No Will forward to READ

Administrative Support

- Desktop Publishing Mail-outs (newsletters, etc) Phoning
 Photocopying Fundraising & Special Events Bookkeeping
 Other _____

When are you available? Mornings Afternoons Evenings

Monday Tuesday Wednesday Thursday Friday Weekend

READ staff and volunteers must consent to a **criminal record check**. Have you had one completed?

No Yes Date completed _____

Comments / additional information / special skills _____

Please return this application to: 201-2631 Quadra Street, Victoria BC OR

Email to: info@readsociety.bc.ca OR FAX to: 250-386-8330.