



Volunteer Application

Last Name: _____ First Name: _____

Mailing Address

Street Number	City	Province	Postal Code

Phone Number: _____

E-Mail Address: _____

Birthdate:			
	YEAR	MONTH	DAY

Correspondence: English Français

Areas of Interest:	<input type="checkbox"/> Sports <input type="checkbox"/> Arts <input type="checkbox"/> Cooking <input type="checkbox"/> Workshops <input type="checkbox"/> Tutoring <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Games <input type="checkbox"/> Board of Directors <input type="checkbox"/> Other (Specify below)
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Availabilities:	DAY	MON	TUE	WED	THU	FRI	SAT
	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consent to a criminal record verification administered by the Sherbrooke Police Service? Yes No

Please send the completed application form, along with a letter of intent detailing why you want to volunteer at the LYC to the Executive Director at the following e-mail address: info@lennoxvilleyouthcenter.org.