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**Volunteer Application**

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| --- | --- | --- | --- |
| Last Name: | Click here to enter text. | First Name: | Click here to enter text. |

**Mailing Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Street Number** | **City** | **Province** | **Postal Code** |

|  |  |
| --- | --- |
| **Phone Number:** | Click here to enter text. |
|  |  |
| **E-Mail Address:** | Click here to enter text. |
|  |  |
| **Birthdate:** |  |  |  |
|  | **YEAR** | **MONTH** | **DAY** |
| **Correspondence:** | [ ]  **English ☐ Français** |

|  |  |
| --- | --- |
| **Areas of Interest:** | [ ]  **Sports** [ ]  **Arts** [ ]  **Cooking** [ ]  **Workshops** [ ]  **Tutoring**[ ]  **Arts & Crafts** [ ]  **Games** [ ]  **Board of Directors** [ ]  **Other (Specify below)** Click here to enter text. |
| Click here to enter text. |
|  |  |
| **Availabilities:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** |
| **AM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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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 current CV and cover letter, to the attention of Kohl Kelso, Coordinator at the following e-mail address:** **kkelso@lennoxvilleyouthcenter.org****.**