

SABIS VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

CITY

PROVINCE

POSTAL CODE

PHONE: _____

HOME

WORK

DATE OF BIRTH: ____/____/____

MONTH

DAY

YEAR

EMERGENCY CONTACT: _____

NAME

RELATIONSHIP

PHONE NUMBER

EXPERIENCE & SKILLS

PLEASE TELL US ABOUT THE TALENTS & ABILITIES YOU WOULD BRING TO VOLUNTEERING AT SABIS? _____

COMPUTER KNOWLEDGE:

VOLUNTEER EXPERIENCE:

AREAS OF INTEREST:

VOLUNTEER AREAS/ POSITIONS/ RESPONSIBILITIES

PLEASE CHECK THE AREAS THAT YOU ARE INTERESTED IN:

OFFICE SUPPORT:

LIBRARY RECEPTION CLEANING

FUND DEVELOPMENT & EVENTS:

DATA ENTRY FUND DEVELOPMENT SPECIAL EVENTS

SUPPORT & INFORMATION

NEWSLETTER GROUP SUPPORT THINK FIRST

DEVELOPMENT:

BOARD MEMBER COMMITTEE MEMBER

AVAILABILITY:

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
DAYTIME							
EVENING							

COMMENTS/ PREFERENCES _____

HOW MANY HOURS PER WEEK OR MONTH WOULD YOU LIKE TO VOLUNTEER?

REFERENCES

PLEASE LIST TWO PEOPLE SABIS CAN CONTACT FOR A REFERENCE. ONE CAN BE PERSONAL, ONE CAN BE PROFESSIONAL

NAME _____ PHONE _____ YEARS KNOWN _____

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