L'Arche Fredericton Inc. Volunteer Application



| Contact in | nformatio | n: | | | | | | |
|--|-----------|---------|-----------|--|--------|----------|--------|--|
| First and Last Name: Pronouns: Primary Phone Number: Email: | | | | | | | | |
| Emergency Contact: | | | | | | | | |
| First and Last Name:Primary Phone Number: | | | | | | - | | |
| Availabilit | :y: | | | | | | | |
| Please indicate what times during the week will you be available to volunteer? | | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| Morning | | | | | | | | |
| Afternoon | | | | | | | | |
| Evening | | | | | | | | |
| How Did You Hear About L'Arche Fredericton? | | | | | | | | |
| What Are | Your Int | erests? | | | | | | |
| Crafts Board G Fundrais Other: | | | Sport | Music Sports/ Sport Events Companionship | | | | |

What Programs Would You be Interested in? Please indicate below Learning On Location (LOL) One on One activities (Dinner, Bowling, Walks, ect.) Community Outreach/ Fundraising Other: _ _ _ _ _ _ Previous Volunteer Experience and Special Skills/Qualifications: Please summarize your previous volunteer experiences, share your special skills and relevant qualifications: Agreement and Signature: By submitting this application, I am confirming that all the information provided is factual. I understand that any false statements, or misrepresentations made by me on this application may result in immediate dismissal. Signature Name (Printed) Date

Our Policy:

Upon approval from L'Arche Fredericton's committee you will be requested to have Criminal Record Vulnerable Persons Check completed prior to volunteering. This can be done at the local Police/RCMP station. You will be reimbursed for the Criminal Record Check after completing 10 hours of volunteering.

Thank you for applying to be a volunteer with L'Arche Fredericton!