Community
COMFORT CENTRE

Volunteer Application Form

Personal Information:

Name: _____

Address: _____

City: _____

Postal Code: _____ **Email Address:** _____

Phone Number Day: _____**Evening:** _____

Emergency Contact Info:

Emergency Contact: _____ **Relationship to you**: _____

Phone Number Day: _____**Evening:** _____

Please indicate the Volunteer Position(s) that you are interested in:

◯ Centre Operations Coordinator ◯ Centre Volunteer

Declaration:

I _____, hereby consent to the collection, use and dissemination of personal information for the purpose of volunteer management and event planning by volunteers of the Community Comfort Centre.

_____ _____/_____/_____

Signed (under 16 requires signature of parent or guardian Day Month Year

Please complete and e-mail or drop off your completed application to:
Lakefield United Church 47 Regent St, Lakefield, ON 705-652-3126
Email: lkflduc@nexicom.net