		CISP	Form 309
			10111309
VOLU	NTEER APPLICATIO	N FORM	
School Name:	Da	nte:	
Last Name:	Gi	ven Names:	
Address:		y	Postal Code
		у	Postal Code
Telephone #s Cell		Home	
Email:			
Emergency contact		Phone #	
Areas of Interest:			
Times available:			
Preferred volunteer tasks: (please o	ahaak)		
	(IIECK)		
	,	□ Library	
□ Classroom – grades □ Lunch program	☐ Fundraising □ Office	Phone paren	
 Classroom – grades Lunch program Social Events 	□ Fundraising	□ Phone paren	
 Classroom – grades Lunch program Social Events Other 	☐ Fundraising □ Office	□ Phone paren	
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Classroom – grades Lunch program Social Events Other References: 1 Name 2	□ Fundraising □ Office □ Technology	□ Phone paren □ Recycling Pr Relations	hip
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Criminal Record Check	Fundraising Office Technology phone number phone number	Phone paren Recycling Pr Relations Relations	hip
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