

St. Paul's Assisting Reading Club (S.P.A.R.C) Volunteer Application Form



The information on this form is strictly confidential and is solely intended for the authorized use set out by the St. Paul's.

Please help us to determine how to make the best use of your skills as a volunteer by filling out the questionnaire below. Please return the completed application form (and attached it with your resume if you have one) to the Volunteer Coordinator.

Personal Information

Last Name: _____ First Name: _____

Preferred Name: _____

Are you under the age of 18? Yes No
(If yes, a parental consent is required)

Telephone: _____
(Home) (Work) (Cell)

Address: _____
Street Unit #
City Province Postal Code

E-mail address: _____

Emergency Contact Information (Name of person to be notified in case of emergency)

Name: _____

Telephone: _____
(Home) (Business) (Cell)

Do you speak any languages in addition to English? No Yes

If yes, which one(s)? 1. _____ 2. _____ 3. _____

Have you ever been convicted of a criminal offense? No Yes

2. EDUCATION & EMPLOYMENT

Education Level: University College High School Others

Highest grade or level completed: _____

Name of program: _____ Length of program _____

Time Available

4:00 p.m. – 6:00 p.m. **Other** _____

