



# VOLUNTEER REGISTRATION

date

name

phone

address:

email

emergency contact  
name and phone:

Availability (check all that apply)

- Mon    Tues    Wed    Thurs    Fri    Sat    Sun
- Morning    Afternoon    Early Evening

I am interested in helping in  The Adult Program    The Children's Program

I can help a learner with the following (check all that apply)

- Reading/Writing    Numeracy    Digital Technology

My capabilities/comfort level are

- basic    intermediate    advanced

How did you learn about Literacy Lambton?

Why do you wish to volunteer with our agency?

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Previous Volunteer Experience (agency and role):

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What interests/skills/experience qualify you to volunteer with Literacy Lambton?

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Please provide name/contact for 2 references (excluding relatives)

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Initials

I understand that I am required to undergo screening, training, and appropriate clearances.

I will endeavour to commit to at least 1 year of consistent volunteerism.

I agree to abide by Literacy Lambton's policies and procedures.

To the best of my knowledge, the information included on this form is true & correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**STAFF**

**CANDIDATE**

Certificate (AODA)

Vulnerable Sector Police Check

Interview/Orientation

Volunteer Info (pdf or print)