

Paper Kite Volunteer Application



Contact Information

Name			
Street Address			
City/Postal Code			
Main Phone	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
Secondary Phone	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
E-Mail Address			

Personal Information

Are you currently employed? Yes No

Do you have a BC Driver's License? Yes No Class 4

Do you have: Car Truck SUV Van

Languages: _____ Understand Read Speak Write

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Availability

During which hours are you available to volunteer?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Interests

<p>Events</p> <p><input type="checkbox"/> Paper Kite Community Day</p> <p><input type="checkbox"/> One Year Gala</p> <p><input type="checkbox"/> Halloween Party</p> <p><input type="checkbox"/> Drag Cabaret</p> <p><input type="checkbox"/> Drag Bingo</p> <p><input type="checkbox"/> Drag Amateur</p> <p><input type="checkbox"/> Community events</p>	<p>Tell us in which areas you are interested in volunteering</p> <table border="1"> <tr> <td><input type="checkbox"/> Public Relations & Media</td> <td><input type="checkbox"/> Field work</td> </tr> <tr> <td><input type="checkbox"/> Major Donor Development</td> <td><input type="checkbox"/> Donation Requests/Pickup</td> </tr> <tr> <td><input type="checkbox"/> Grassroots Fundraising</td> <td><input type="checkbox"/> Newsletter production</td> </tr> <tr> <td><input type="checkbox"/> Finance Management</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Community Outreach</td> <td>Other areas:</td> </tr> <tr> <td><input type="checkbox"/> Social Media</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td></td> </tr> </table>	<input type="checkbox"/> Public Relations & Media	<input type="checkbox"/> Field work	<input type="checkbox"/> Major Donor Development	<input type="checkbox"/> Donation Requests/Pickup	<input type="checkbox"/> Grassroots Fundraising	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Finance Management	<input type="checkbox"/> Research	<input type="checkbox"/> Community Outreach	Other areas:	<input type="checkbox"/> Social Media		<input type="checkbox"/> Administration	
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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, degree/diplomas obtained and hobbies.

Previous Volunteer Experience

Summarize your previous volunteer experience, if any.

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Volunteering

Tell us why you are interested in volunteering with Paper Kite.

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How did you hear about us?

<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> College/University
<input type="checkbox"/> Brochure	<input type="checkbox"/> Events
<input type="checkbox"/> Internet/Website	Other _____
<input type="checkbox"/> Friend/Family	

Person to Notify in Case of Emergency

Name			
Street Address			
City/Postal Code			
Main Phone	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
Secondary Phone	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
E-Mail Address			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with Paper Kite Children's Foundation.