



Scandinavian Centre School Program

"Everyone wants to be a Viking"

VOLUNTEER APPLICATION FORM

Date: _____

Mr. Ms.

Last Name: _____ First Name: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: Home _____ Business _____ Cellular _____

E-mail: _____

EMERGENCY CONTACT: Name: _____ Relationship: _____

Phone: Home _____ Business _____ Cellular _____

Email: _____

VOLUNTEER APPLICATION FORM

The program runs for one week in the fall and one week in the spring. Dates to be announced.

How often would you like to volunteer? everyday mornings only afternoons only all day

Please check () the times that you are available to volunteer, or indicate flexible .

Monday Tuesday Wednesday Thursday Friday Morning Afternoon

Check () the skills and experience you would bring to your volunteer role:

Experience with the public Languages spoken (specify) _____

Musical ability Other (specify) _____ Teaching experience Chain maille skills

Public speaking Woodcarving skills Acting experience Knowledge of herbs and their uses Weaver

Do you have any experience working with children?

Please elaborate: _____

What type of volunteer positions interest you? Choose one or more areas that interest you.

Animator Crafter Set up /take down Snack preparation Other (specify) _____

Please list two personal references;

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

I hereby authorize The Scandinavian Centre to contact the above named references to ensue my suitability as a volunteer to work with school children. We cannot accept family members as references.

Signature of Applicant: _____ Date _____

Sharing of Personal Information Initial here _____

I authorize the Scandinavian Centre to publish my name in the *Viking Times* newsletter Yes No

For Office Use Only

Date Received: _____ Photo Taken: Yes No

Additional Information: _____