

VOLUNTEER INFORMATION SHEET

Full Name: _____

Email: _____ Phone No. _____

Address: _____

Languages Spoken: _____

Volunteer interest (Please check all areas of interest)

- Classroom volunteer
- Preschool program
- Other/Special Events

How did you hear about Amber Trails Community School?

Reason for volunteering: _____

Have you volunteered at Amber Trails Community School before?

Do you have any of the following: (Please check all that apply)

- Criminal Record Check (required)
- Child abuse Registry (required)
- Education Assistant Certificate
- First Aid and CPR Training
- Teaching Certificate

When can you start volunteering?

Availability: (Please check all that apply)

<input type="radio"/> Monday mornings	<input type="radio"/> Monday afternoons
<input type="radio"/> Tuesday mornings	<input type="radio"/> Tuesday afternoons
<input type="radio"/> Wednesday mornings	<input type="radio"/> Wednesday afternoons
<input type="radio"/> Thursday mornings	<input type="radio"/> Thursday afternoons
<input type="radio"/> Friday mornings	<input type="radio"/> Friday afternoons