

VOLUNTEER APPLICATION FORM

Kwantlen University College Student Association SEACA: Student Events and Campus Affairs

We need your help with many programs, events and committees - for up to 3 or 4 hours a week!

PLEASE PRINT CLEARLY - ONCE YOU COMPLETE THIS FORM, DROP IT OFF AT ANY KSA OFFICE!

Personal Information

Name: _____
SURNAME MIDDLE INITIAL GIVENNAME

Address: _____
NUMBER / STREET CITY / TOWN PROVINCE POSTAL CODE

Telephone: Home: () _____ Cell: () _____ Pager: () _____

E-mail Address: _____

Date of Birth: _____ - _____ - _____ Sex: _____ Student Number: _____
YEAR MONTH DAY M / F

Drivers Licence: _____
DRIVER'S LICENCE NUMBER PROVINCE OF ISSUE CLASS RESTRICTIONS

Are you a (✓) _____ full time student (9 or more credit hours) or a _____ part time student (less than 9)?

What is your Home Campus? Is it: (✓ One) _____ Langley _____ Newton _____ Richmond _____ Surrey

Volunteering Information

Days Preferred	MON	TUE	WED	THU	FRI	SAT

Will you be willing to meet a specific time commitment? _____
YES / NO

Will you be willing to complete any required training? _____
YES / NO

How many hours per week would you be willing to volunteer? _____ HRS/Week

Will you be free to volunteer with (✓ all that apply)...

Welcome-to (September 10 - 13, 2001 8am - 5pm)

_____ Langley Campus (September 10) What hours could you work? _____

_____ Richmond Campus (September 11) What hours could you work? _____

_____ Newton Campus (September 12) What hours could you work? _____

_____ Surrey Campus (September 13) What hours could you work? _____

_____ Shinerama Fundraising (September 15)? What hours could you work? _____

List any illnesses, injuries and / or operations that may interfere with, or limit Volunteering:

Personal Skills

List any Hobbies and Interests:

List any special skills, experiences or qualifications (eg. Speaking Foreign languages, extra night courses, lectures, etc.) you feel would help you in volunteer work:

Employment / Volunteer History

Organization	Position / Duties

Are you currently employed? (Yes / No) _____

Name of business / organization: _____

Address of Business / organization: _____

NUMBER / STREET

CITY / TOWN

POSTAL CODE