

CBMC VOLUNTEER APPLICATION FORM

Date: _____

First Name: _____ Last Name: _____

Address: _____

Postal Code: _____ Phone #: _____

Gender: _____ Birth Date: _____ (mm/dd/yyyy)

E-mail: _____

Emergency Contact Name: _____ Emergency Contact #: _____

How did you learn about volunteering at the Cowichan Bay Maritime Centre?

Why are you interested in volunteering at the Cowichan Bay Maritime Centre?

Please check boxes to indicate relevant experience (either through volunteer or work experience):

Public Speaking / Guided Tours

PR / Advertising

Writing / Editing

Photography

Fund raising

Research / Library

Languages Spoken: _____

Education / skills and interests: _____

Availability: Please indicate the days and times you are usually available to volunteer.

Sun Mon Tue Wed Thu Fri Sat

From: _____

To: _____

References 1) _____ Phone: _____

2) _____ Phone: _____

Do you have any medical conditions we should be aware of (if so please indicate):

Applicants signature: _____ Date : _____ (mm/dd/yyyy)

Cowichan Bay Maritime Centre

Box 22 1761 Cowichan Bay Rd

Cowichan Bay BC V0R 1N0

Phone: 250 -746-4955

Email the completed form to:

cwbs@classicboats.org

