



VOLUNTEER APPLICATION FORM

Date Completed: _____

Name: _____

Phone: _____

Address: _____

Do you have a valid driver's licence? Yes No Do you have a car? Yes No

Occupation: _____ Spoken or written language(s): _____

Education/Qualifications: _____

What is your cultural background? What cultural experiences are you willing to share?:

What skills, knowledge, abilities or values would you like to share?:

Previous community involvement: *(agencies/organizations, programs, volunteering etc.)

What activities or programs at Enaahdig Healing Lodge and Learning Centre are you most interested in volunteering for?:

Availability:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____

What frequency can you volunteer?: *(ie. 2 times per month, etc.)

Other comments or information you wish to share:

References

Please provide two references that we may contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____