



GYMC VOLUNTEER INFORMATION

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone (h): _____ Telephone (c): _____ Telephone (w): _____

Fax: _____ Email: _____

Emergency Contact: _____ Telephone: _____

Volunteer Areas of Interest: (Please check all that are applicable)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Help | <input type="checkbox"/> Musical Chairs Fundraising Gala |
| <input type="checkbox"/> Kidsfest | <input type="checkbox"/> Outreach Programs |
| <input type="checkbox"/> Concerts & potters market | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other: _____ | |

Availability:

Please indicate when you are generally available: _____

If you have a specific idea of what you would like to do in your area of interest, please tell us about it:

Membership:

Would you like to support the GYMC by becoming a Member?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

Do you have a police check?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

Date issued: _____

The information submitted shall remain confidential.
We appreciate your interest in supporting the GYMC with your time