

Nourish Cowichan Volunteer Application

Volunteer Application

		Applicant information	
Full Name:			Date
Las		First	
Address:			
	eet address		Apartment #
 Cit	ty	Province	Postal code
Phone:	E	mail:	
Position app		ration \square Gardening $\ \square$ Clean	ning/organization \Box Events
Do you have	Food Safe?	☐ No if yes please inc	clude a copy of your certification.
Do you have	a driver's licence?] Yes □ No	
Our work oft Vulnerable S	a Criminal Record chec en involves interaction w ector Criminal Record C de you with a form to ob	vith youth; therefore, all our volu Check.	nteers are required to pass a
Tell us about yourself			
References	S		
Please provid	de 2 references		
Full Name: _		_ Relationship:	Phone:
Full Name: _		Relationship:	Phone:
Signature:			Date: