

Volunteer Application Form

Contact Information	Contact Information				
☐ Youth (13-17)	☐ Adult (18+)	GenNext (18-29)			
Name		(First, Last)			
Street Address					
City, Province		Postal Code			
Phone		Preferred Method of Contact			
E-mail		Preferred Method of Contact			
I consent to receiv	ving emails regarding campaign,	, events, or information from United Way of Brandon & District.			
Emergency Contact					
<i>y</i>	(Name)	(Relationship) (Phone)			
Areas of Interest		Skills (Optional)			
Please indicate your areas of interest:		Please indicate or describe any skills that may apply:			
☐ Events		Administrative Knowledge			
Coats for Kids		Computer Skills			
Tools for School		Special Events			
☐ Office Help		Other(s)			
GenNext Board of Directors					
Campaign Team					
For descriptions of these	opportunities, please				
contact our office. All of t	these opportunities				
require training and commitment to the Volunteer Agreement.		Languages			
_	of our volunteer	1			
Please note that not all of our volunteer opportunities may be available at the time		2			
of application.		3			
Please Indicate Availa	bility Below				
Daytime					
Evenings					
☐ Weekends					

lunteer/Work Experience ase briefly describe your current and/or previous volunteer/work experience. This may include the organization me, type of work, and/or the length of service you participated in.				
ferences				
(Name)	(Relationship)	(Phone)		
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(Name)	(Relationship)	(Phone)		
(Name)	(Relationship)	(Phone)		
I certify that the information provided in this of Brandon & District to conduct a background		-		
United Way of Brandon & District receives t	he right to refuse placement.			
Signature	Date	·		
Parent/Guardian Signature				
(The parent/guar	rdian is only required to sign for youth under	18 years of age.)		
Please note that all volunteers will be educated	ated on United Way of Brandon & Di	strict's Privacy Policy and will be		
required to sign a Code of Conduct and Co	•	, ,		