



LOCH LOMOND VILLA VOLUNTEER APPLICATION FORM

PLEASE PRINT CLEARLY

Name: _____
Last Name First Name Middle Initial

Mailing Address: _____
Address City/Town

Province Postal Code

Telephone: (Home): _____ (Business): _____
(Cellular): _____ (Fax #): _____

Email Address: _____

Choice of volunteer positions within the organization:

1. _____
2. _____
3. _____

If these choices were not available, would you accept a different position?

Yes No

Time(s) Available:

Days Evenings Weekends Seasonal

Hours: _____

Identify your previous volunteer position(s):

| Association | Volunteer Position |
|-------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

References:

| Name | Telephone |
|-------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Authorization For Collection Of Personal Information:

I, _____, authorize Loch Lomond Villa, Inc. to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Date: _____ Applicant's Signature: _____

Please submit your completed application form to:

Volunteer Coordinator
Loch Lomond Villa, Inc.
185 Loch Lomond Road
Saint John, NB E2J 3S3
Fax: (506) 643-7198