



Counsellor in Training

Volunteer Application

Please complete this application and drop off in person (Attn: Summer Camps) or e-mail to camps@canadagamescentre.ca with the subject line "CIT Program Application". Deadline is May 12th, 2017.

CONTACT INFORMATION

Name	
Street Address	
City, Postal Code	
Home Phone	
Alternate Phone (optional)	
E-mail Address	

AVAILABILITY

Please note this is not a camp for youth, it is a volunteer program where certain expectations and requirements will be set for participants. Considerations for vacations, sport commitments, etc. will be examined on a case by case basis. Please outline any time you will need off below.

Please choose the days and times that you would tentatively be available to volunteer (Check all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:00am - 1:00pm	<input type="checkbox"/> 9:00am - 1:00pm	<input type="checkbox"/> 9:00am - 1:00pm	<input type="checkbox"/> 9:00am - 1:00pm	<input type="checkbox"/> 9:00am - 1:00pm
<input type="checkbox"/> 1:00pm - 5:00pm	<input type="checkbox"/> 1:00pm - 5:00pm	<input type="checkbox"/> 1:00pm - 5:00pm	<input type="checkbox"/> 1:00pm - 5:00pm	<input type="checkbox"/> 1:00pm - 5:00pm
<input type="checkbox"/> 9:00am - 5:00pm	<input type="checkbox"/> 9:00am - 5:00pm	<input type="checkbox"/> 9:00am - 5:00pm	<input type="checkbox"/> 9:00am - 5:00pm	<input type="checkbox"/> 9:00am - 5:00pm

Please let us know if there are any dates that you may not be available to volunteer (example: vacation, sports, etc.):

INTEREST

Please tell us why you are interested in volunteering with the Canada Games Centre Camps Program:

SPECIAL SKILLS

Summarize any special skills you have acquired from previous experiences or through other activities. This could include team experience or hobbies, such as arts, or any other relevant interests.

VOLUNTEER EXPERIENCE (Feel free to attach resume)

Please summarize any volunteer opportunities you have been involved in before.

AGREEMENT AND SIGNATURE

By signing this document, I am confirming that all information noted above is accurate and best represents my previous experiences. I understand that if I am accepted as a volunteer, any misrepresentations on this application may result in my immediate dismissal from the program.

Name (please print)	
Signature	
Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, religion, national origin, gender, sexual orientation, age, or ability.

Applications must be received no later than May 12th, 2017. Applicants will be contacted, and a formal interview will be arranged. Unfortunately not all applicants will be accepted into our program at this time due to limited space.

Thank you for completing this application form and for your interest in volunteering with us.