



卡城華人社區服務中心

Calgary Chinese Community Service Association

1406 Centre Street NE, Calgary AB T2E 4S1 • Tel: (403) 265-8446 • Fax: (403) 233-0070

Youth Volunteer Registration Form

Information of volunteer

Name: _____

Date of Birth: (MM/DD/YYYY): _____ Age: _____ Gender: M F

Address: _____ Postal Code: _____

Alberta Health Care No: _____

Spoken languages: English Mandarin Cantonese

Home phone: _____ Cellphone number: _____

E-mail : _____

Education Background: _____ Current School: _____

Weeks available (830am to 5pm)- Camp staff will be contacting you on the schedule

July 3rd to July 7th	<input type="checkbox"/>
July 10th to July 14th	<input type="checkbox"/>
July 17th to July 21st	<input type="checkbox"/>
July 24th to July 28th	<input type="checkbox"/>
July 31st to August 4th	<input type="checkbox"/>
August 7th to August 11th	<input type="checkbox"/>
August 14th to August 18th	<input type="checkbox"/>
August 21st to August 25th	<input type="checkbox"/>
August 28th to September 1st	<input type="checkbox"/>

Do you have

1. First Aid CPR:

2. Police Check:

3. Any other certifications: _____ (Please State)

4. Any previous volunteering experience:

Parent or Legal Guardian Information in case of emergency

Name: _____ Phone: _____