Powell River Brain Injury Society

Volunteering Application



Last name		First name(s)				
Street address	City		Province		Postal code	
Telephone (include area code)		Fax		E-r	mail	
Date available:						
Hours available: Mon:	Tues:	Wed:	Thurs:	Fri:		
List other relevant training you I	have received (most recent fir.	st)			

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application						
Avera of Interest						
Areas of Interest	+					
Computers and IT supporArts and Craft group facil						
☐ News letter	itation, co racintation					
☐ Technical writing i.e. gra	nts					
Personal references Please provide two reference contacts	other than family members or people you have	previously worked with				
Name	Telephone	Occupation				
Name	Telephone	Occupation				
Is there anything else you	would like to tell us about yours	elf?				
If you have a current resume please	e submit it with this application.					
Thank you kindly for your interest.						
Signature		Date				