



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

☎ Telephone: (home#) _____ (cell#) _____ (work) _____

✉ email: _____

Are you or your children currently participating in programs at the Centre? Yes No

On Site Volunteering *(childcare may be available)*

Please indicate the area(s) you would like to assist with:

Office Volunteer Drop-in Program

Do you require childcare services from the Oakville Parent-Child Centre while you are volunteering?

Yes No Age(s) of Child(ren): _____

Please list the days and times you are available to volunteer:

Special Events Volunteering

Please indicate if you are interested in any of the following areas:

Ticket Sales

Secure Items

Donate

auction, door prizes, etc.

auction item or door prize

Assistance with Events

Staff Events

staff Centre's display at Community Day events, Homeshows, etc.



Other Talents & Skills

Please share with us _____

Why do you want to volunteer with OPCC? _____

In point form, please describe any related experience and/or interests at OPCC:

Resume attached? Yes No

Please list the names of two individuals that could be contacted for a reference (*excluding family members*).

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

I am aware that a satisfactory criminal reference check, at my expense, is required by Oakville Parent-Child Centre.

Signature: _____ Date: _____

Please forward to:

Oakville Parent Child Centre
461 North Service Road W, Unit 17
Oakville, ON L6M 2V5
(905) 849-6366 • info@op-cc.ca