

11760 – 88 Avenue Delta, BC V4C 3C5

604-594-2717

MEMBER VOLUNTEER APPLICATION FORM										
Check one: Mrs					s. 🗆	Mr	ſ.		Ms. □	
Last Name:					First Name:					
Street Address:										
Apt # City:				Р				Pos	tal Code:	
Home Phone:					Cell Phone:					
Email:										
Languages Spoken other than English:										
Availability										
		Tue	Wed	Thu	ır	Fri	Sa	t	Please check the boxes for the days and times you are	
Morning					\longrightarrow				available to volunteer.	
Afternoon									All volunteers must complete	
Evenings									a Police Information Check.	
Please indicate the area you would like to volunteer:										
 □ Customer Service □ Gift Shop □ Drop In Activity Convener □ Drop in Activity Support 						 □ Special Event Support □ Café 88 Cashier □ Café 88 Dishwasher □ Café 88 Kitchen Support 				
Signature:					D	Date:				