

# Student **VOLUNTEER** **APPLICATION FORM**



## Contact Information

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STUDENT'S NAME:

CELL NUMBER:

ADDRESS:

EMAIL:

CITY:

PROVINCE:

POSTAL CODE:

## Emergency Contact Information:

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NAME:

CELL NUMBER:

## Additional Information:

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HOW DID YOU HEAR ABOUT US?

CURRENT GRADE LEVEL:

9

10

11

12

PAST WORK EXPERIENCE:

HOBBIES:

ARE THESE HOURS NEEDED FOR CO-OP?

YES

NO

HOW  
MANY?

WHAT DAYS AND TIMES ARE YOU AVAILABLE  
TO VOLUNTEER WITH HARVEST HANDS?

FRI

SAT

SUN

PARENTAL APPROVAL

PARENT'S SIGNATURE:

7-12

8-12

1-4

1-6

OCCASIONAL WEEKEND AND  
EVENING AVAILABILITY

DOES A FAMILY MEMBER VOLUNTEER AT HARVEST HANDS?

YES

NO

NAME OF FAMILY VOLUNTEER:

MONTH:

DAY:

YEAR:

SIGNATURE:

**Thank you for the gift of your time!** Volunteering is a work of the heart.