



# CHILD DEVELOPMENT CENTRE

*of Prince George and District*

1687 Strathcona Avenue, Prince George, BC V2L 4E7

## Volunteer Application Form

First Name		Last Name	
Street Address	City	Postal Code	
Home Phone	Cell	Other (Phone)	
Email			

**Please indicate any areas that you might be interested in volunteering your time toward:**

### Material & Equipment Preparation/Development

- Preparing/creating developmental materials (cutting, pasting, coloring)
- Preparing/creating developmental materials (on a computer)
- Sewing – making therapy equipment
- Woodworking – making therapy equipment
- Metalworking – making therapy equipment
- Cleaning equipment & toys
- Maintaining/fixing toys and equipment

### Daycare/Preschool

- Preparing/serving hot lunches
- Reading/storytelling
- Sharing cultural traditions or food
- Assisting preschool and daycare staff in the classrooms
- Facilitating leisure/sports activities
- Teaching music/art

### Therapy:

- Assisting with therapy groups and special programs (adapted gymnastics, bicycle training for children with special needs, adapted aquatics, therapy summer “boot camp,” etc.)

### Fundraising:

- Helping out at fundraising events
- Planning/facilitate fundraising events
- Gift wrapping at our annual Gift Wrap at Pine Centre Mall

Administration:

- Clerical work: filing, computer work, photocopying, etc.
- Business writing: drafting the wording for the Centre's web site, policies and procedures manual, and promotional materials
- Desktop publishing: designing promotional materials and informational materials
- Greeting families/bus drivers/visitors to the centre
- Coordinating the Centre's volunteer program

Outdoors/Seasonal:

- Gardening
- Shoveling snow

Other: (please list)

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Why are you interested in volunteering for the Centre?

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Availability: \_\_\_\_\_ hours per week or \_\_\_\_\_ hours per month

\_\_\_\_\_  
Signature (if under 18, your parent must sign)

\_\_\_\_\_  
Date

**Please note, due to the sensitive nature of the work we undertake, volunteers in some areas of our operations will be required to undertake a criminal records check and/or provide references.**

Please forward this form and/or any related questions to the CDC's Accounting Administrator and Volunteer Coordinator:

Kim Aydon  
Phone: 250-563-7168 local 205  
Fax 250-563-8039  
Email: [kima@cdcp.org](mailto:kima@cdcp.org)

**Thank you for your interest in volunteering with the CDC!**