The Child Development Centre
of Prince George and District

1687 Strathcona Avenue
Prince George, BC V2L 4E7
Ph: (250) 563-7168
Fax: (250) 563-8039
cdcpg.org

Volunteer Application

First Name:_____Last Name:_____

Street Address:_____City:_____Postal Code:_____

Phone:_____Email:_____

Volunteer Areas

What areas are you interested in? Check all that apply.

☐ Fundraising & event planning

☐ Therapy programming (*preparing materials, cleaning, assisting with groups and special programs*)

☐ Building maintenance & general labour

☐ Other. *What do you have in mind?* _____

Relevant Training or Experience

First Aid training, education, previous volunteer work, experience working with children, etc.

Tell Us Why

Why do you want to volunteers with the CDC? What do you hope to get out of your volunteer experience?

Availability

How many hours a week/month would you like to volunteer? What days are you available/unavailable?

References

Please provide two references

Name:_____

Position:_____

Relation to Applicant: _____

Phone:_____

Email: _____

Name:_____

Position:_____

Relation to Applicant: _____

Phone:_____

Email: _____

Thank you for your interest in volunteering with us. Please note, due to the sensitive nature of our work, some volunteers may also need to submit a criminal record check.

_____ _____

Signature (if under 18, please have parent or guardian sign) Date

Completed applications can be:

Emailed to:karynh@cdcpg.org

Faxed to (250) 563-8039

Or dropped off in person at 1687 Strathcona Ave, Prince George, BC