



SCHOOL VOLUNTEER Information Form

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: () Alternate Phone: ()

E-mail Address: _____ Date of Current Police Check: _____

Previous Volunteer Experience: _____

SDA Church Member: Yes No Current Church: _____

PERSONAL REFERENCES

Name: _____ Contact Telephone: _____

Name: _____ Contact Telephone: _____

Name: _____ Contact Telephone: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Primary Phone: () Alternate Phone: ()

Relationship: _____

Administrator Section

Position: _____ School: _____

Principal: _____ Email: _____

Phone #: () Date: _____