

## **Volunteer Application**

Da	ıte	
Firs	t Name	Last Name
Re	sidential Address	Postal Code
Pho	one	Email
A٧	ailability: Days of the week/h	nrs per week
lw	rould like to volunteer for/as:	
2. 3. 4. 5.	Digital Literacy Skills Boost Activities or fund-raising ever Planning committee	Reading Together School Coordinator ent days (Spelling Bee, etc.)
If c	applying to the Reading Toge	ether Program, please indicate if you have French language skills:
	ease describe your related wo	rork experience or volunteer experience. (You may add additional documents or a
Ple	ease provide two references	that are not family members.
1.	Name	Phone
	Email	Relationship or title
2.	Name	Phone
	Email	Relationship or title
	- · ·	ces, you are implying consent for us to contact the references to determine eers are not guaranteed a position. Thank you for your interest!
Ар	pplicant signature	Date
Ch	neck the following to receive.	·
	<del></del>	
Г	Complimentary member	ership for the year you volunteer – annual membership fee of 10\$ waived
L	<ul><li>Complimentary member</li><li>Our newsletter right to y</li></ul>	
L Ho	Our newsletter right to y	