

# Hands on Farm Volunteer Application *(page 1)*

## General Information

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact Info:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Interests and Skills

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What are your interests? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

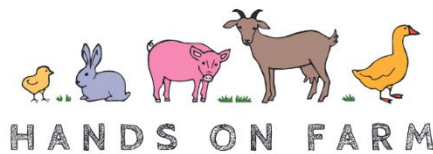
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered at the Hands-on-farm. If yes when and for how long?

\_\_\_\_\_  
\_\_\_\_\_

What experience do you have with animals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Hands on Farm Volunteer Application *(page 2)*

Do you have any other volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Availability (Please checkboxes)

Mornings (9am -12pm)

Afternoons (12-4pm)

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Notes: \_\_\_\_\_

### References

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

- Applications can be submitted at the Comox Community Centre or at ***farmer1@comox.ca***

The information collected in this form will be used for information purposes only in accordance with the *Freedom of Information and Protection of Privacy Act*. This information will not be shared with any other organization or group without prior consent.

