



**Languages (Please circle)**

English      French      Spanish      Other: \_\_\_\_\_

**Please list 2 references – these can be people you’ve worked with or know personally, but not family members. (Youth may wish to list teachers, coaches or babysitting clients.)**

Name	Relationship	Telephone No.

**General Information**

How did you hear about our volunteer program? (web site, word of mouth, program guide - please indicate)

Do you have any previous volunteer experience? Or at any other MFRC? Tell us what you enjoyed most!

**Please circle the times that you are available to volunteer:**

Mornings      Afternoons      Evenings  
Weekends

Do you have CPR/  
First Aid?

Yes	No
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\*If yes, we would like a copy for your file.

**I have the following special skills or talents that I am willing to share with others:**

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**Please call me to assist with special events**

Yes	No
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**i.e. Halloween Party, Fun in the Sun BBQ, Triathlon, Thanksgiving Dinner, etc.**

**Parental consent**

\*Volunteers under 18 must have parental permission to volunteer. Children under 12 must be accompanied by an adult when volunteering. We encourage family volunteering at the KMFRC.

I, \_\_\_\_\_ give my consent for my child to volunteer with the Kingston Military Family Resource Centre.  
Name

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**Signature**

**Date**

**Photo consent**

I, \_\_\_\_\_ give my consent for photos of me (or my child) to be used by the Kingston Military Family Resource Centre for promotional/publicity purposes

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**Signature (Signature of Parent or Guardian if under 18 years of age)**

**Date**

**Note:** All information will be kept strictly confidential IAW DMFS' "Privacy Code for Military Family Services Programs" and the "Personal Information Protection Act" (PIPEDA).