Volunteer Application Form



Return completed form to: pastispresent@literacylinkniagara.ca or FAX 905-646-2692 (Please print) Name: _____ Community Book Project Discovering Niagara's History Phone: _____ Email: ____ Address: City: ______ Postal Code: ____ Please circle the job descriptions you are interested in Information Distributor Scavenger Hunt Event Advisory/Steering Committee

- Adult Book Selection Committee
- Schedule Support Person
- Community Book Club and Activities Host
- On-line Book Club and Activities Host

- Planning Committee
- Scavenger Hunt Event Day Team

I would be good in this position because	
Please list 2 references	
Name:	Contact Info:
Relationship/How you are connected?	
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Relationship/How you are connected?	

- give permission to check references
- consent to share email/phone contact information with project participants as required to complete assignments
- give consent to be photographed as a participant volunteer and permission to use photographs for record keeping and Literacy Link Niagara (LLN) and Early Childhood Community Development Center (ECCDC) promotion and marketing initiatives.

Signature:	Date:
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