



卡城華人社區服務中心

Calgary Chinese Community Service Association

1406 Centre Street NE, Calgary AB T2E 4S1 • Tel: (403) 265-8446 • Fax: (403) 233-0070

Youth Volunteer Registration Form

Information of volunteer

Name: _____

Date of Birth: (MM/DD/YYYY): _____ Age: _____ Gender: __ M __ F

Address: _____ Postal Code: _____

Alberta Health Care No: _____

Spoken languages: English _____ Mandarin _____ Cantonese _____

Home phone: _____ Cellphone number: _____

E-mail : _____

Education Background: _____ Current School: _____

Weeks available (830am to 5pm)- Camp staff will be contacting you on the schedule

Week 1 (July 4th to 6th) **at least grade 12	
Week 2 (July 11th to July 13th) **at least grade 12	
Week 3 (July 16th to July 20th)	
Week 4 (July 23rd to July 27th)	
Week 5 (July 30th to August 3rd)	
Week 6 (August 6th to August 10th)	

Do you have

1. First Aid CPR:

2. Police Check:

3. Any other certifications: _____ (Please State)

4. Any previous volunteering experience:

Parent or Legal Guardian Information in case of emergency

Name: _____ Phone: _____