

Volunteer Application



Thank you for your interest in volunteering at Woodwynn Farms. Please print and complete this application. Submit your completed application to Woodwynn Farms by email, mail or in person.

ABOUT YOU

Name: _____

Address, City & Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How do you prefer to be contacted? _____ Are you 18 years old or older? YES NO

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Relationship to you: _____

PROJECT INTEREST

Please circle the area(s) you are interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Farm & Garden Projects | <input type="checkbox"/> Farm Market |
| <input type="checkbox"/> Hay Projects | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Livestock Projects | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Building, Painting & Repair Projects | <input type="checkbox"/> Other: _____ |

Position / Title applying for (if applicable): _____

ADDITIONAL INFORMATION

Special Skills & Qualifications: List certificates, qualifications, specialized training and experiences you have obtained/earned that you think would be beneficial to the position or project you are interested in (Use a separate sheet if required)

Previous Volunteer Experience: List names of organizations, positions held, projects worked on and length of time volunteering at each project. (Use a separate sheet if required)

References: Please list a minimum of three references:

1. Name: _____ Contact Info: _____

2. Name: _____ Contact Info: _____

3. Name: _____ Contact Info: _____

Commitment: Indicate the days and times that you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times:

Health Concerns: List any health concerns we should be aware of including allergies:

Medications: List medications you are currently taking that we should be aware of in an emergency situation:

AGREEMENT AND SIGNATURE

I understand that submitting this information does not guarantee my acceptance as a volunteer at Woodwynn Farms. By submitting this application, I affirm that the information in it is true and I understand that if I have misrepresented the information or made false statements, this may result in my dismissal.

NAME (Print): _____
SIGNATURE _____ DATE: _____

Thank you for taking the time to complete this application form and for your interest in volunteering at Woodwynn Farms. Please return your completed application. We will get in touch with you if we have a suitable volunteer opportunity for you.

CONTACT INFORMATION

Mailing Address: Woodwynn Farms
PO Box 622
Saanichton, BC
V8M 2C5

Email: office@woodwynnfarms.org
Phone: 250-544-1175
Web: www.woodwynnfarms.org

OFFICE USE ONLY

Respond Date: Code: Start Date: End Date:

Notes: