

# Canadian Assisted Travel Society



## Volunteer Application for Events

**NAME:**

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**First**

**Last**

**ADDRESS:**

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**Street Address**

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**Address Line 2**

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**City**

**Province**

--	--

**Postal Code**

**Email Address**

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**Phone Numbers: Res or Bus**

**Cell**

**Which Days/Nights Can You Volunteer?**

- Monday  PM     Tuesday  PM     Wednesday  PM     Thursday  PM  
 Friday  PM     Saturday  AM  PM     Sunday  AM  PM

**Please let us know any comments or questions that you might have:**

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Are you over 18? \_\_ Yes \_\_ No Have you had a criminal record check? \_\_ Yes \_\_ No

All information is strictly confidential and will not be sold or released to any third party. Email the completed application form to [canadianassistedtravel@gmail.com](mailto:canadianassistedtravel@gmail.com)