



Cowichan Lake Community Services Society

P.O. Box 670, Lake Cowichan, B.C. V0R 2G0
• Phone: (250) 749-6822 • Fax: (250) 749-6839
• www.comserv.org • Email: comserv@comserv.org

NAME: _____

DATE: _____

ADDRESS :(Street & Box)

TOWN: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

E-MAIL ADDRESS: _____

Please select below the type of volunteering you would like to do with CLCS:

- Reception
- Child/Youth Programming
- Reading Buddies Literacy Program
- Other

Please list any special skills/experience, hobbies and /or interests you have that would help as a volunteer with Community Services:

Please list any volunteer work you have done in the past: (include organization, duties, dates)

By checking this box, I certify that the information in this form is correct and complete.

Applicant's Signature

Date (DD/MM/YYYY)

INTERNAL USE ONLY:

Date of Criminal Record Check on file (dd/mm/yyyy): _____



A United Way Member Agency

Cowichan Lake is committed to being the best place to raise a child.



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