

Volunteer Application

Community & Visitor Engagement Volunteer
Airport (YLW)

Date: _____

Full Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address **(Required)**: _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Birthday (MM/DD): ____ / ____

Do you have BC Medical Services Plan (MSP) or other medical coverage? (Please Circle) Y / N

Where did you learn about this volunteer opportunity? _____

Please list any previous volunteer experience: _____

Why would you like to volunteer with Tourism Kelowna? _____

Please list any skills, qualifications or experience you can offer to this position: _____

Please list any languages you speak: _____

Will you be driving to your volunteer shift: Yes / No

If you are interested in volunteering immediately please fill out the area below:

What is your desired time commitment (Circle all that apply): Weekly Bi-Weekly

What days of the week are you available (Circle all that apply):

Monday	8:00-12:00 / 12:00-4:00 / 4:00-8:00	Friday	8:00-12:00 / 12:00-4:00 / 4:00-8:00
Tuesday	8:00-12:00 / 12:00-4:00 / 4:00-8:00	Saturday	8:00-12:00 / 12:00-4:00 / 4:00-8:00
Wednesday	8:00-12:00 / 12:00-4:00 / 4:00-8:00	Sunday	8:00-12:00 / 12:00-4:00 / 4:00-8:00
Thursday	8:00-12:00 / 12:00-4:00 / 4:00-8:00		

Please return your completed form to the attention of Denae Weighill, Volunteer & Events Coordinator, to:
238 Queensway Avenue, Kelowna, BC V1Y 6S4 or scan and e-mail to: denae@tourismkelowna.com

Staff Use Only

Date Received: _____

Interview Date: _____

Added to Master Spreadsheet: _____

Added to Anniversaries Spreadsheet: _____

Added to Simpleview: _____

Nametag Ordered: _____