

Staff Use Only
Date Received: \_

Added to Master Spreadsheet: \_

Added to Simpleview: \_

## **Volunteer Application**

Community & Visitor Engagement Volunteer Airport (YLW)

Full Name:	Date:				
Address:	Full Name:				
Home Phone Number: Cell Phone Number: E-mail Address (Required): Emergency Contact: Emergency Contact Phone Number:					
Emergency Contact:Emergency Contact Phone Number:Birthday (MM/DD):/					
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	E-mail Address (Required):				
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			Sunday	8:00-12:00 / 12:00-4:00 / 4:00-8:00	
Please return your completed form to the attention of Angelina Scott. Volunteer & Events. to:	Thursday	8:00-12:00 / 12:00-4:00 / 4:00-8:00			
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238 Queensway Avenue, Kelowna, BC V1Y 6S4 or e-mail to: angelina@tourismkelowna.com					

Interview Date: \_

Nametag Ordered: \_\_

Added to Anniversaries Spreadsheet: \_