

Volunteer Application

Visitor Experience Volunteer
 Downtown Visitor Centre

Date: _____

Full Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

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

Emergency Contact: _____ Emergency Contact Phone Number: _____

Birthday (MM/DD): ____ / ____ Uniform Size: XS / S / M / L / XL Jacket Size: XS / S / M / L / XL

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	9:30-1:30 / 11:30-3:30 / 1:00-5:00	Friday	9:30-1:30 / 11:30-3:30 / 1:00-5:00
Tuesday	9:30-1:30 / 11:30-3:30 / 1:00-5:00	Saturday	9:30-1:30 / 11:30-3:30 / 1:00-5:00
Wednesday	9:30-1:30 / 11:30-3:30 / 1:00-5:00	Sunday	9:30-1:30 / 11:30-3:30 / 1:00-5:00
Thursday	9:30-1:30 / 11:30-3:30 / 1:00-5:00		

Please return your completed form to the attention of Sydney Solland, Visitor Experience, Operations to:
 238 Queensway Avenue, Kelowna, BC V1Y 6S4 or scan and e-mail to: sydney@tourismkelowna.com

Staff Use Only

Date Received: _____

Interview Date: _____

Added to Master Spreadsheet: _____

Added to Anniversaries Spreadsheet: _____

Added to Simpleview: _____

Nametag Ordered: _____