



**CARIBBEAN AFRICAN MULTICULTURAL ASSOCIATION OF THUNDER BAY
Volunteer Application**

Name:	
Work Contact Information (If Applicable):	Home Contact Information:
Organization/Business/School:	Address:
Position/Grade/Year:	City:
Address:	Home Phone:
City:	Cell Phone:
Phone:	Email:
Email:	I prefer to be contacted by: __PHONE __EMAIL

Would you be willing, on occasion, to participate in training? Yes _____ No _____

When could you begin volunteering?

Please indicate the amount of time (hours per week/month(s)) you have available for volunteer activities:

Why do you want to be a volunteer with CAMAT?

Do you have any academic or other qualifications or experience which you feel you could utilize as a volunteer? Please specify:

Other organization/groups you are currently involved with:

Please list and date any previous volunteer experience.

References (please provide two)

Name: _____ Address: _____

Relationship _____ Phone # can be reached at: _____

Name: _____ Address: _____

Relationship _____ Phone # can be reached at: _____

In making this application, I hereby give CAMAT authority to contact the persons named as references and to make inquiries with the Police and other criminal justice officials as necessary to ascertain my suitability as a volunteer.

Signed: _____

Date: _____

Application Process

Please submit this application along with your resume, personal statement to camac1987@gmail.com (Subject Line: Volunteer Application).

A confirmation email will be sent shortly after receipt. Include your contact information on all documents.