

2017 KIWANIS SNOW SPORTS PROGRAM: VOLUNTEER APPLICATION

(attach a copy of your driver's license for background check)

Name: _____

Address: _____

Town: _____ Zip: _____

Telephone: _____ Cell: _____

Employer: _____

Emergency Contact: _____

Emergency Contact Telephone: _____

Please list prior volunteer experience:

Please list a personal reference who has known you at least two years (not family)

Name: _____

Telephone: _____

Please check which dates you ARE available to chaperone:

1/7 _____ 1/14 _____ 1/21 _____ 1/28 _____ 2/4 _____ 2/11 _____

Possible make-up dates of: 2/18 _____ 2/25 _____