



COWICHAN BAY MARITIME CENTRE & WOODEN BOAT SOCIETY

Box 22, 1761 Cowichan Bay Road, Cowichan Bay, BC V0R 1N0
250.746.4955 ~ www.classicboats.org ~ cwbs@classicboats.org

VOLUNTEER APPLICATION FORM

Contact Information

First Name: _____ Last Name: _____
 Address: _____
 Postal Code: _____ E-mail: _____
 Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Full Name: _____ Phone: _____

Areas of Interest (please check all that apply)

- Public Speaking / Guided Tours
 Writing / Editing
 Fundraising
 PR / Advertising
 Photography
 Research / Library

Do you have previous volunteer or work experience in your area(s) of interest? Yes No

Why are you interested in volunteering at the Cowichan Bay Maritime Centre? _____

Languages Spoken: _____

Other Skills and Interests: _____

Availability (please indicate the days and times you are usually available to volunteer)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Times							

References

1) Full Name: _____ Phone: _____

2) Full Name: _____ Phone: _____

How did you learn about volunteering at the Cowichan Bay Maritime Centre? _____

Medical Conditions (if applicable / relevant) _____

Applicant Signature: _____ Date: _____ (mm/dd/yyyy)