



VOLUNTEER APPLICATION FORM

One Child, One Volunteer
Unlimited Possibilities.

Name: _____
Address: _____ V8K ____
Phone: _____ Text message: _____
E-Mail Address: _____
Emergency contact _____

AVAILABILITY

1. Please check which days you would be available to tutor for one hour per week.

Monday Tuesday Wednesday Thursday

2. Please check the schools you would be able to tutor in.

Fernwood Elementary Fulford Elementary

Salt Spring Elementary Phoenix Elementary

3. Would you be interested in helping with virtual programming?

Definitely Maybe Unsure No

INFORMATION for the LITERACY OFFICE

1. School District 64 expects all volunteers to complete a criminal record check. *Please file a copy with the Literacy Office.*

I have completed a criminal record check. YES NO

2. Reference _____

3. How did you learn about the ONE to ONE program?

newsletter, website word-of-mouth Salt Spring Exchange

Driftwood poster other _____

3. Are you interested in assisting the One to One program in any other ways?

school level organization recruitment fundraising

book purchasing, website other _____

4. Use the back of this form to write a brief description of the interests, skills and experience you can bring to the ONE TO ONE program. Use point form if you prefer. Please add any special considerations we should be aware of when matching you to a school, such as special needs or mobility challenges.

Signature _____ Date: _____