

Corner Brook Ambassador/Volunteer Program Application Form

Personal Information	
First Name:	Last Name:
Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email address:	
Emergency Contact	
First Name:	Last Name:
Home Phone:	Cell Phone:
Experience	
Do you have previous volunteer experience: Y	es No
If yes, explain:	



Working Restrictions

List here if you have any restrictions on volunteering that we should be aware of (e.g., unable to stand for long periods of time, etc.):		
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Ambassador Committee. I agr	les and regulations set out by the Corner Brook ee to perform all ambassador duties to the best of my er as a Corner Brook Ambassador.	
Signature:	Date:	