



STUDENT EVENT VOLUNTEER APPLICATION

Today's Date _____

First Name _____ Last Name _____

Address _____

City/Town _____, ON Postal Code _____

Home Phone _____ Cell phone _____

Email _____

School _____ Grade _____

Emergency Contact _____
name phone relationship

How did you hear about HRH? _____

Why are you interested in volunteering with HRH? _____

Volunteer or Community Service experience _____

Interests/hobbies/Skills _____

Do you have any physical limitations? _____
(ie. lifting, allergies, hearing)

Under 18 years of age, please have your parent/guardian sign

_____ *print name*

_____ *signature*