

VOLUNTEER SALMO

VOLUNTEER WANTED REQUEST



NAME OF ORGANIZATION			
MAILING ADDRESS: P.O. Box _____ Street _____			
City (if other than Salmo) _____		Postal Code: _____	
CONTACT NAME		CONTACT PHONE	
CONTACT EMAIL		WEBSITE ADDRESS	
Volunteer Position Title		(i.e.: member, helper, coach, Board member, event helper, bookkeeper, etc.)	
Mandate/Mission Statement of Organization			
Number of Volunteers Needed		One time: <input type="checkbox"/> Ongoing: <input type="checkbox"/>	
Description of Duties (Describe what volunteers for your organization or event will be doing.)			
Skills or Experience Required (describe – i.e. heavy lifting, good with children, clean drivers license, bookkeeping skills, etc. – whatever is needed, including ‘none’ [just a willingness to volunteer])			
Training Provided Yes <input type="checkbox"/> No <input type="checkbox"/>			
Time commitment required (hours per day, week or month, # meetings, etc.)			
Other Requirements (i.e. criminal record check, drivers abstract, first aid, own car, etc.)			
Location Where Volunteer Activities take place (i.e. Legion, ski hills, all over, etc.)			
What will the Volunteer gain from this volunteering opportunity? (What positive things do you offer that would make someone want to join you as a volunteer - helping others, new friends, giving back to the community, a day outdoors with great company, etc.?)			
Other Comments on this Position			

Return completed form to: cao@salmo.ca