



# CFAX Santas Anonymous Society Volunteer Application

## Contact Information

Please print clearly and legibly.

<b>Applicant's Name:</b>		
<b>Street Address:</b>		
<b>City/Province/Postal Code:</b>		
<b>E-Mail Address:</b>		
<b>Phone Numbers:</b>	Home:	Mobile:

## Availability

Please select which days and hours are you available for volunteer assignments.

<b>Days of the week:</b>	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Any day of the week
<b>Time of Day:</b>	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<b>Annual availability:</b>	<input type="checkbox"/> Christmas Season	<input type="checkbox"/> Year Round	
<b>Specific Days (please list):</b>			

## Interests

Please tell us in which areas you are interested in volunteering.

<input type="checkbox"/> Malls (collecting donations)	<input type="checkbox"/> Driver (pickups and deliveries, requires vehicle)
<input type="checkbox"/> Workshop (gift wrapping, sorting)	<input type="checkbox"/> Special Events Planning
<input type="checkbox"/> Office (requires email, Word, and Excel skills)	<input type="checkbox"/> Other

## Work Experience and Training

Please summarize work experience and training you have acquired from employment, previous volunteer work, or through other activities (including hobbies and sports).

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## Previous Volunteer Experience

Please summarize your previous volunteer experience, including the organizations, positions, and tasks.

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## How did you hear about Santas Anonymous?

<input type="checkbox"/> Friend or family member	<input type="checkbox"/> Television	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Radio	<input type="checkbox"/> Website or social media	
<input type="checkbox"/> Shopping mall	<input type="checkbox"/> Workplace	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that, if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

<b>Are you 19+ years of age?</b>	<input type="checkbox"/> Yes, I am 19 or older	<input type="checkbox"/> No, I am under the age of 19
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_____ <b>Applicant's Full Name (printed)</b>	_____ <b>Applicant's Signature</b>	_____ <b>Date (Month Day, Year)</b>
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## How to Submit Your Application

Completed and signed volunteer applications can be:

- Emailed to [volunteer@cfaxsantas.com](mailto:volunteer@cfaxsantas.com)
- Mailed or delivered to CFAx Santas Anonymous Society, 1420 Broad Street, Victoria, BC, V8W 2B1

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

The personal information you provide will be stored in a secure manner, will not be disclosed to anyone outside CFAx Santas Anonymous Society and will be used only for the purposes of administering the volunteer programme of the CFAx Santas Anonymous Society. Any questions concerning our privacy standards and practices should be directed to Christine Hewitt, Executive Director, at 250-920-4644.

Thank you for completing this application form and for your interest in volunteering with us.