

Volunteer Application Form

Name:	Phone Number:	
Address:		
Emergency Name:(spouse/ family friend)	Phone Number:	
Family Doctor:	Phone Number:	-
Character Reference: (friend, neighbour)		
Name:	Phone Number:	_
Please provide a brief description of any	volunteer experience you have had:	_
I give permission for the above mention	ned reference to be contacted by phone. Date:	
Signature:		
Reaching for Rainbows operates Tu	esday, Wednesday and Thursday afternoons from St. And I with two volunteers. The program starts with a snack at	-
The success of <i>Reaching for Rainbows</i> of time commitment.	depends on building positive relationships with the stude	nts. There are 4 levels
☐ One afternoon a week (2 ¼ hours) for program will begin on September 20 th , 20	10 months (school year) excluding Christmas, Easter and 011.	March break. The
☐ Alternate for #1- Working with a partn	er who would come one week and you the next	
☐ Short duration special interest present	ations: 🛘 art, 🖺 cooking, 🖺 carpentry, 🗎 music and move	ment,
☐ jewelle	ery making, 🗌 sewing, 🗎 yoga, 🗎 other	
Snack program - Prepare the snack on	a rotating schedule with other volunteers	

Volunteers will be trained in the philosophy of the program and supported by a guidebook. A Police Record Check and a commitment to confidentially are also required. There will be a trial period of 6 weeks for each volunteer, followed by a meeting with the Program Director.