



KIDZINC School Age Care Society of Alberta

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www.calgarykidzinc.ca

Volunteer Application

Full Name:	
Home Phone:	Cell Phone:
Email:	

Are you currently enrolled in school?	
Level/Grade:	

Why are you interested in volunteering with KidZinc?

What are your greatest strengths?

Do you have any previous volunteer experience? Please describe.

Do you have any previous experience working with children? Please describe.

Define what leadership means to you.

What do you hope to gain from volunteering with KidZinc?

Is there anything else you would like us to know about you?

Please list your availability below.
Days: (M-F)
Times: (between 7:00am and 6:00pm)
How many hours per week are you looking to volunteer?

Please provide the name of someone that we can contact for a reference.
Please list someone other than family.

Reference #1:
Name:
Phone Number:
Relationship:

Reference #2:
Name:
Phone Number:
Relationship:

Please submit your completed application form by email to kidzinc@telus.net