



Corner Brook Ambassador Program Application Form

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Experience

Do you have previous volunteer experience: Yes ____ No ____

If yes, explain:

www.cornerbrook.com



Working Restrictions

List here if you have any restrictions on volunteering that we should be aware of (e.g., unable to stand for long periods of time, etc.):

I agree to abide by all of the rules and regulations set out by the Corner Brook Ambassador Committee. I agree to perform all ambassador duties to the best of my abilities and I agree to volunteer as a Corner Brook Ambassador.

Signature: _____

Date: _____