## Check all that apply:

New Member Mer	mber Renewal	New Volunteer Re	eturning Volunteer		
Last Name		rst Name	Birth Date (if n	Birth Date (if minor):	
Street Address		ty	Postal Code	Postal Code	
Email Address Emergency Contact		none # Home	CellPhone		
Preferred Volunteer Area	s (Check all that apply				
		Leadership			
Administration					
Animals		Marketing	_	Management	
Arts & Crafts Assets (Inventory)	<del>-</del>				
Concession Help					
Creating Gift Baskets					
		Project Mgt.		·	
Events of Interest:					
Sooke Fall FairSo	oke Car Show	Craft Fair Markets	Canada Day		
Have you previously volu	nteered for us? Yes	No			
Are there any days/times	/months when you a	re unavailable?			
Certifications					
First Aid Level Ex	pires on,	CPR Expires on	, Flagging Exp	oires on	
Food Safe, Other,		Other	Exp	oires on	
Previous work/volunteer	experience or skills to	o share:			
Where did you hear abou	t us? (check where a	pplicable)			

Sooke Volunteer Centre\_\_\_\_ Another Fall Fair Member\_\_\_\_ Website\_\_\_\_

Facebook	Friend or Family	Flyer	
Newspaper	Display Booth at Event	Other	
Do you have any physical limitatio	on you think we should know about?		
**********	**********	********	*********
Office use only:			
Membership Card Issued on	Entered on	Updated on	