



Town of Comox
Recreation Department
Volunteer Application

1855 Noel Ave,
Comox, B.C V9M 2H4
(250)339-2255

General Information

Name: _____ Phone Number: _____

Email Address: _____ Age: _____

Address: _____ Postal Code: _____

Emergency Contact Info:

Name: _____ Phone Number: _____

Interests and Skills

What are your interests? _____

Why do you want to volunteer? _____

What programs are you most interested in? _____

Do you have any other volunteer experience? _____

Availability (Please check boxes)

Mornings (9am -12pm) Afternoons (12-4pm) Evenings (4-9pm)

Mon Tue Wed Thu Fri Sat Sun

Notes: _____

References

1. Name: _____ Position: _____ Phone: _____

2. Name: _____ Position: _____ Phone: _____

❖ Applications can be submitted at the Comox Community Centre