

## **Advancing Crystal Beach Volunteer Application Form**

**Personal Information** 

Thank you for your interest in volunteering with Advancing Crystal Beach (ACB)! Please fill out the form below to help us match you with the right volunteer opportunities.

• Full Name:
<ul><li>◆ Are you 18 or older?</li><li>☐ Yes</li></ul>
☐ No (If no, parental consent may be required)
• Address:
• City:
• Postal Code:
Phone Number:
• Email Address:
Volunteer Interests/Skills and Experience
<ul> <li>Please indicate the areas you are most interested in (Check all that apply):         <ul> <li>□ Event Support (e.g., Soiree at Bay Beach, March of Umbrellas)</li> <li>□ Crystal Beach Museum (e.g., Tours, Weekend support)</li> <li>□ Marketing &amp; Communications</li> <li>□ Social Media Assistance</li> <li>□ Community Development Projects</li> <li>□ Fundraising &amp; Sponsorship</li> <li>□ Administrative Support</li> <li>□ Other:</li> </ul> </li> </ul>
Volunteer Requirements
Some volunteer roles may require a police background check, especially those involving vulnerable populations (e.g., children, seniors). Please check the box below if this applies to the role you are applying for.
$\Box$ I understand that a police check is required for this volunteer position, and I am willing to provide one if requested.

Advancing Crystal Beach Community Development Organization PO Box 544, Crystal Beach, ON L0S 1B0

<u>advancingcrystalbeach.com</u> <u>advancingcrystalbeach@gmail.com</u>



## **Emergency Contact**

• Full Name:
• Relationship:
Phone Number:
Additional Information
• Why are you interested in volunteering with ACB?
• Any other relevant information you would like to share?
Signature and Date
I certify that the information provided is true and accurate, and I agree to abide by the rules and regulations of Advancing Crystal Beach as a volunteer.
Signature:
Date:

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