



# Adult Application

## PLEASE PRINT

_____		_____		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
SURNAME		FIRST NAME			
_____		_____		_____	
ADDRESS		CITY		POSTAL CODE	
_____		_____		_____	
PRIMARY PHONE		OTHER PHONE		EMAIL	
_____		_____		_____	
LANGUAGE SPOKEN AT HOME		2ND LANGUAGE			
_____		_____			
EMERG. CONTACT: FULL NAME & PHONE #					
_____					

## PROGRAM

<input type="checkbox"/> Leaders for Readers	<input type="checkbox"/> Storytime STOP	<input type="checkbox"/> Hostess	<input type="checkbox"/> Handyman	<input type="checkbox"/> Other: _____
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## CONSENT

By signing below, I agree to be a volunteer in The Story Garden and understand that I must be available for the duration of the program for which I am volunteering. I give my permission to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media.

_____	_____	_____
PRINT NAME	SIGNATURE	DATE

### FOR OFFICE USE ONLY

POLICE CHECK <input type="checkbox"/>
_____
Date _____

TRAINING <input type="checkbox"/>
_____
Date _____

REFERENCES:
_____
_____

NOTES:
_____
_____

read with **LOVE**... read for **LIFE**

Contact [info@thestorygarden.ca](mailto:info@thestorygarden.ca) or visit [thestorygarden.ca](http://thestorygarden.ca)