

College Heights Christian School (CHCS)

5201 College Avenue
Lacombe, Alberta T4L 1Z6

Volunteer Application Form

Date: _____

Name:

Surname Given Names

Address: _____
Street City Postal Code

Telephone Numbers: _____
Home Alternate

Emergency Contact: _____
Name Phone

Areas of Interest: _____

Time(s) Available: _____

References

1. _____
Name Phone Number Relationship

2. _____
Name Phone Number Relationship

I am willing to submit to a criminal record check at no financial cost to myself.

Signature: _____ Date: _____

Approval: _____ Date: _____
Signature of Administrator