

Carleton University Nigerian Students Association

Ottawa, ON.

**VOLUNTEER APPLICATION**

**Contact Information:**

|  |  |
| --- | --- |
| Today's Date |  |
| First Name |  | Last Name |  |
| Address |  | Suite/Unit |  |
| City |  | State |  | Zip Code |  |
| Home Phone |  | Cell Phone |  |
| Email |  |
| PhoneNumber |  |

**Availability:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Weekdays:** | □ Mornings | □ Afternoons | □ Evenings |
| **Weekends:** | □ Saturday | □ Sunday |  |
| **How often would you like to volunteer with CUNSA?** | □ Daily □ Weekly □ Monthly □ Special Events | □ Whenever needed |
| How many hours would you like to volunteer? |
| □ Please contact me to discuss my availability |



**Skills/Interests/Education:**

|  |
| --- |
|  |

Note:

Please convert this document to pdf form when completed, and forward it to cunsa1011@gmail.com.

Once received, an Exec would get back to you shortly.

Thank you.