

## **Christmas Bureau Volunteer Application -**

## **Elves & Drivers**

(first	<b>:</b> )	(last)				
Address		Phone	Phone/(cell) (home)			
City	Postal Code					
Birth Date_		Other I	Languages			
Please be adv	vised that we requi	re all staff and	volunteers to san	itize their ha	nds and wear a face	mask.
Availability:	Please indicate (ci	rcle/highlight)	times you are ava	ailable to vol	unteer:	
Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM W	/eekends	
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM Sa	at / Sun	
We are in nee Volunteer De Please put an Toy Room El Note: Please	rivers to pick-up to "X" in the areas in  If Driver_	lves" to assist by from our specification which you work Both can scan your	with toy distribut ponsors and deliveuld be interested i	er them to th in volunteeri end it to <u>Vol</u>	ng: unteer@bbyservice	
	Information (for		,	Dete		
er's License Number: Year / Make / Style:			•			
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ase provide us w						
-	<i>nn.</i> vehicle insurance					
		ver Testing an	d Vehicle Informs	ation Monda	ay to Friday8AM-5I	⊃М
	255. or Toll free: 8	_			•	
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## Phone: \_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_ \*Burnaby Community Services respects and upholds an individual's right to privacy. Your information/application will be maintained as confidential, secure records. In accordance with Burnaby Community Service's Privacy Policy, the personal information you provide will be used to process your application. We will not use or disclose this information for any additional purposes, unless we obtain consent from you to do so. Signature Date