

II. Hours available to volunteer: Please ✓ the day(s) of the week and indicate times

| | | | |
|--|-------------------|--|------------------|
| | Monday: | | Friday: |
| | Tuesday: | | Saturday: |
| | Wednesday: | | Sunday: |
| | Thursday: | | Seasonal: |

III. Please provide us with the names of two references.

Name _____

Address _____

Phone _____

In what capacity do you know this person?

Name _____

Address _____

Phone _____

In what capacity do you know this person?

IV. In the event that you will be working with children, will you consent to having a background check conducted by the Ottawa Police Department? Y / N