

First Name		Last Name	
Street Name and Number		City	
Province	Postal Code	Telephone	Cell phone
Email			

First Name		Last Name	
Street Name and Number		City	
Province	Postal Code	Telephone	Cell phone
Relationship			

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**CURRENT/PREVIOUS VOLUNTEER EXPERIENCE**

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**EXPERIENCE WORKING AS A MEMBER OF A TEAM**

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**OTHER RELEVANT EXPERIENCE**

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**DO YOU HAVE EXPERIENCE, CERTIFICATION OR TRAINING IN:**

Photography

Filing

☐ Computer Skills☐ Public Speaking

Museums

Archives

☐ Other Languages☐ Office Based Skills
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Younger than 18 years**  
**Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

The personal information contained on this form is collected under section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purpose of processing this application and managing volunteers for the municipal archives. If you have any questions about the collection or use of this information, please contact the Township of Esquimalt's Privacy Team at [foi@esquimalt.ca](mailto:foi@esquimalt.ca) , or 1229 Esquimalt Rd, Esquimalt, BC, V9A 3P1.

**OFFICE USE ONLY**

Date Received	Volunteer Contacted	Archivist Signature