

Delhi Tobacco Museum & Heritage Centre

Youth Volunteer Application and Information Form

Contact Information

Name: _____

Address: _____ Postal Code: _____

Tel: _____ Mobile: _____

Email: _____

Birth Date: _____ Age: _____

Background Information

In your own words, why do you want to volunteer at the Delhi Tobacco Museum & Heritage Centre?

What skills would you like to learn while volunteering at the DTM&HC?

What skills do you have that you believe would be an asset to DTM&HC? How could you be of help to the Museum?

What certificates or credentials do you have that you would feel are an asset to the Museum (First Aid/CPR Certificate, WHMIS, AODA, Babysitting Course, Recreation Leadership Certification Course, etc.) Please Specify.

Volunteer Signature: _____ Date: _____

Museum Staff Signature: _____ Date: _____

For Office Use Only

- Application Form
- Criminal Reference Check with Vulnerable Sector Screening (16 years or older, only)

Copies of Certificates Provided/Completed. **As listed above.*

- First Aid/CPR Certificate
- WHMIS
- AODA
- Babysitting Course
- Recreation Leadership Certification Course
- Other _____