



Verona Community Association (VCA)

P.O. Box 219

Verona, ON K0H 2W0

email: vca@xplornet.ca

www.yourverona.com

613-777-8980

Volunteer Application Form
Adult _____ Student _____

Hours qualify for the mandatory 40 hours community service towards graduation

For: _____
Name of Event (leave blank if not known)

Name: _____

Address: _____

Town: _____ Postal Code: _____

Phone Number _____ E-mail: _____

What are your interests (sports, hobbies, crafts, etc.)?

What are some of your work or volunteer experiences?

Name (Print): _____

Signature: _____

Student Name (Print): _____

Student Signature: _____

(Parents or Guardians must sign above along with students' signature)

Date: _____

For additional information contact VCA 613-777-8980