Volunteer Facilitator Application Form



Name:				
Address:	LAST		FIRST	
			Postal Code:	
Home Phone Number	r:	Cell Pho	ne Number:	
Email:				
Availability: (please c	heck all that apply)			
□ Weekdays	☐ Evenings	□ Weekends		
		is mandatory prior to yo	our participation in the Volunteer Facilitator o?	
□ Yes				
Please state the	e date and location	of your participation:		
□ No				
Please select o	ne of the following	options:		
☐ It is not available in my community.				
☐ I will register online through littlewarriors.ca for the				
workshop co	oming up on,		·	
			view specific dates and locations of the e Volunteer Facilitator Training location you	
☐ Edmonton				
☐ Calgary				



How did you hear about Little Warriors?

Volunteer Facilitator Application Form



Why are yo	ou interested in becoming a Volunteer Faci	litator with Little Warriors?
What speci	al qualities would you bring to Little Warri	ors?
Have you d	one any previous public speaking and/or t	raining adults? If so please explain further.
☐ Attach o	current resume	
	vide two references, one professional and one of two years (no	one personal. Please provide names of individuals which family members).
1.		
	NAME	RELATIONSHIP
	EMAIL	PHONE NUMBER
2.		
	NAME	RELATIONSHIP
	EMAIL	PHONE NUMBER
By my sign true and co		d in this application is to the best of my knowledge,
Signature:		Date:
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Little Warriors / Be Brave Ranch

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