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## Student Community Service Volunteer Application Form

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Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_  
Phone (c) \_\_\_\_\_ Email \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### School Information:

Name of Secondary School: \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

Hours needed to complete required 40: \_\_\_\_\_

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Please return application by fax, mail or in person to Central Lake Ontario Conservation. Thank you for applying to be a volunteer at Central Lake Ontario Conservation and for completing this form.