

## VOLUNTEER APPLICATION

### Please Print

<b>Please Print</b>			
Last Name:	First Name:	Preferred Name:	Telephone (home):
Address:			Telephone (cell):
City:	Province:	Postal Code:	Telephone (business):
FAX:	Email Address:	Emergency Contact: Name:  Telephone:	

## SKILLS

Occupation:	Education:	Special Training:
Hobbies and Interests:		

## REFERENCES

Name: _____ Relationship (not related): _____ Email : _____ Telephone: _____ Best time to contact: ____ a.m. ____ p.m.	Name: _____ Relationship (not related): _____ Email : _____ Telephone: _____ Best time to contact: ____ a.m. ____ p.m.
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### Preferred Times Available

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Preferred Volunteer Activity

Your Preference

<input type="checkbox"/>	Recreation and Leisure Program
<input type="checkbox"/>	Friendship/Buddy
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Health/Wellness
<input type="checkbox"/>	Communications
<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	Other:

Reasons for Volunteering:

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Previous Volunteer Experience:

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I will commit to:  8 months  1 year  \_\_\_\_\_ (other)

## AUTHORIZATION AND RELEASE

I understand that the information that I have provided in this Application to Volunteer will be verified by Participation House Support Services. I hereby grant permission to Participation House to contact any persons who might be able to verify the information.

The confidential information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be maintained on file. This information will be used for volunteer program planning purposes. If you require further information about this collection contact the Community Development Coordinator at (519) 660-6635

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Interview Completed  References checked  Police Check  Orientation Attended  Evaluation

Interview notes:

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Date:

Interviewer: