

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Initial _____
 Home Phone No.: _____ Cell Phone No.: _____
 Mailing Address _____ City _____ Province _____ Postal Code _____
 Association with a Volunteer Agency? No Yes Agency: _____

PERSONAL REFERENCES

Name	Daytime Telephone No.	Relationship	No. Of Years Known

VOLUNTEER EXPERIENCE

Please describe any previous volunteer experience. Use the back of this sheet if more space is needed.

Are you looking to volunteer for a particular person or program? No Yes

If yes, please identify: _____

What hours and day(s) of the week are you looking for?

What are your goals in volunteering with us?

Do you have health concerns that may impact you as a volunteer or pose a health risk to others?

Yes No

Details:

As required by the Community Care Facilities Act, a Criminal Record Check and a negative Tuberculosis Test must be submitted prior to the commencement of volunteer services. Volunteers are required to inform Administration of any criminal charges brought against them while in a volunteer position.

Signature: _____ Date: _____