

VOLUNTEER APPLICATION FORM

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY /PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: HOME: _____ Cellphone: _____

EMAIL ADDRESS: _____

PRESENT OCCUPATION: _____

Volunteer Experience: Please list name of organization and duties performed.

1) _____

2) _____

3) _____

Volunteering Areas: Please the areas that you can help with: -

1) _____

2) _____

3) _____

Special Skills or Training:

1) _____

2) _____

3) _____

Languages Spoken:

1) _____

2) _____

3) _____

Do you have a vehicle (√)? () Yes () No

Please indicate the number of hours you would like to volunteer: _____per week

Signature: _____