## **Volunteer Application**



<b>Contact Information</b>		
Name		
Street Address		
City Province Postal Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you available for volunteer assignments?		
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Interests		
Tell us in which areas you are in	iterested in volunteering	
Administration		
Events		
Field work		
Fundraising		
Deliveries		
Phone bank		
Newsletter production		
Volunteer coordination		
Special Skills or Qualificati		
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		
or among round doublines, more	anig nession of opens.	

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Case of Emergency		
Name		
Street Address		
City Province Postal Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that		
if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.		
The off this application may result in my inimediate distrilssal.		
Name (printed)		
Signature		
Data		

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.