

# Volunteer Application Form

## 1. Personal Data

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Last Name	First Name
Address		City
Province	Postal Code	E-mail
Home Phone	Business Phone	Cell Phone
Emergency Contact Name	Relationship	Phone Number
How did you hear about us? Friend/Relative <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Facility Employee <input type="checkbox"/> Newspaper/Ads <input type="checkbox"/> _____ Others <input type="checkbox"/> _____		

## 2. Work and Volunteer History

Work Experience
Volunteer Experience
Current Profession

## 3. Time Availability and Commitment

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

I agree to commit to volunteering for more than three months.

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

If you do not agree, please specify the time length that you wish to do volunteering.

\_\_\_\_\_ Months/Years

## 4. Skills and Interest

Languages	Spoken	Read	Write	Other Special Skills (please specify)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Art & Craft  
  Baking/Cooking  
  Dancing  
  Music  
  Bingo  
  Pet Therapy  
 Computers  
  Knitting/Sewing  
  Spiritual  
  Secretarial  
  Visitations  
  Physical Activity  
 Pastoral  
  Horticultures  
  Special Event  
  Discussion  
  Reading  
  Social Activity

I hereby agree that all the information provided is true and accurate.

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