



Volunteer Application Form

	Date Completed
<input type="checkbox"/> Interview	_____
<input type="checkbox"/> Reference check	_____
<input type="checkbox"/> Immunization	_____
<input type="checkbox"/> TB	_____
<input type="checkbox"/> Orientation	_____
<input type="checkbox"/> CRC	_____
Placement:	_____
Start date:	_____
End date:	_____
Reason:	_____
Entered in Database:	_____

Date _____

Name: _____ Male Female

Address: _____ Postal Code: _____

Home Telephone: _____

Alternative address (where applicable): _____

Alternative Telephone: _____

E-mail: _____

Emergency Contact: _____ Telephone Number: _____

- If you are a student, please check one:
 - Secondary School
 - Post Secondary
 - Other _____
- If under 18 please indicate your age: _____
- Where did you learn about our volunteer opportunities? _____
- What type of volunteer positions are of interest to you (check positions of interest):
 - Patient/Resident Visits
 - Meal Assistance
 - Retail
 - Office Support
 - Playing a Musical Instrument
 - Cancer Centre
 - Fundraising
 - Leadership
 - Arts and Crafts
 - Other

If other, please indicate: _____
- What do you hope to gain from volunteering in our organization?

- Please list your general employment and volunteer experience:
