**VOLUNTEER APPLICATION FORM**

Date:

NAME:

ADDRESS:

CITY: POSTAL CODE:

TELEPHONE:

AGE: ❒ 16-19 ❒ 20-29 ❒ 30-49 ❒ 50+

LANGUAGES: ❒ English ❒ French ❒ Other:

SKILLS & INTERESTS: \_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER EXPERIENCE:

Revised June 2004

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Is there a particular type of volunteer experience that interests you? Check all that apply.

❒ Working directly with a client \*

❒ Working directly with a staff person as an assistant \*

❒ Working independently in my own home or in the workplace

❒ Helping with general office administrative duties

❒ Working as a Board or Committee Member

❒ Participating in public speaking, fundraising, special events

❒ No preference

❒ Other:

( \* Does not involve unionized staff responsibilities)

When are you available to volunteer?

❒ Flexible ❒ Days ❒ Evenings ❒ Weekends

❒ There are times when I cannot volunteer:

What date was your Police Check done?

Why have you chosen Community Living Espanola for your volunteer service?

REFERENCES:

Name: Telephone:

Address:

Name: Telephone:

Address:

Name: Telephone:

Address:

Signature Parent/Guardian if under 18 years

Please send this application to: Community Living Espanola

345 Centre Street

Espanola, Ontario

P5E 1E4