



# VOLUNTEER APPLICATION

Please fax/email this form to the number/address indicated on the volunteer posting.

**POSITION:**

**DATE:**

**Name:**

**Email:**

**Address:**

**City:**

**Postal Code:**

**Phone (C):**

**Phone (H):**

*Emergency Contact:*

*Phone:*

Education:

Hobbies, skills, interests

Work Experience:

Previous volunteer experience:

Have you volunteered at Family Services before? If so, where?

What do you hope to gain by volunteering?

How did you hear about us?  FSGV Web Site  Volunteer Centre  Friend  School  Other:

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?  No  Yes

Do you have access to an automobile you can use for volunteer work?  No  Yes

Are you currently receiving services from Family Services? If yes, where?  No  Yes

**Availability:** *check all that apply*

		Mon	Tues	Wed	Thur	Fri	Sat	Sun
<b>Times &amp; Days</b>	<b>MORNING</b>							
	<b>AFTERNOON</b>							
	<b>EVENING</b>							

**Please list the names of two (2) non-family references:**

*Reference #1:*

*Phone:*

*E-Mail:*

*Reference #2*

*Phone:*

*E-mail:*

*The personal information requested is collected under the authority of the Protection of Privacy Act for the purpose of considering your volunteer application. All applicants are required to undergo a Criminal Record Check.*

**For Office Use Only**

**Date Received:**

**Volunteer Interviewed by:**