



Volunteer Application Form

PERSONAL:

Name: _____	Home Phone: _____
Address: _____ _____	Work Phone: _____
	Fax: _____
Postal Code: _____	Email: _____
Emergency Contact: _____	Phone #: _____
Are there any medical considerations we should be aware of? Yes No	
Please explain _____	
Age Group: <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> over 65	

EXPERIENCE:

Education: (please circle last year completed)		
High School 10 11 12 13	Post Secondary 1 2 3 4 5	Graduate 1 2 3 4
Present Occupation: _____		
Past Employment Experience: _____ _____		
Have you had any previous volunteer experience? Yes No		
Agency/Group: _____		Duties: _____ _____

SKILLS:

<input type="checkbox"/> Administration	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Teaching/Training
<input type="checkbox"/> Advertising	<input type="checkbox"/> Legal	<input type="checkbox"/> Telephone Skills
<input type="checkbox"/> Artist	<input type="checkbox"/> Marketing & Sales	<input type="checkbox"/> Volunteer Mgt.
<input type="checkbox"/> Board Experience	<input type="checkbox"/> Office Experience	<input type="checkbox"/> Writing
<input type="checkbox"/> Childcare	<input type="checkbox"/> Photography	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Public Relations	
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Supervisory	

AREAS OF INTEREST:

On Call Assistance for the following activities (please circle all that apply)
This volunteer commitment is project based, volunteers are asked to assist on an as-needed basis.

Casino General Fund Raising Activities Annual General Meeting
 Graphic Design Newsletter Mail Out Telephone Calls

Regular Volunteer Commitment (weekly or monthly) for the following activities
 (please circle all that apply) *This volunteer commitment requires a regular commitment which can vary from once per week to once per month.*

Data Entry Office Assistance Computer Assistance
 Volunteer Program Group Facilitator Child Care
 Individual Peer Support Board Member Committee Member

AVAILABILITY:

PLEASE INDICATE (√) WHEN YOU ARE AVAILABLE TO VOLUNTEER:

	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning 9 am to noon							
Afternoon 1 – 5 pm							
Evening 6 – 10 pm							

REFERENCES:

PLEASE PROVIDE TWO (2) PERSONAL AND ONE (1) WORK RELATED REFERENCES

Name	Relationship	Phone #	Best Time to Contact

How did you hear about Peer Support Services for Abused Women?

Volunteer Signature: _____ Date: _____

.....

Date Received:

Entered in Database:

Comments: