



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: <i>check all that apply</i>		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Times & Days	MORNING							
	AFTERNOON							
	EVENING							

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.