



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Home Phone Number: _____ Business Phone Number: _____

Age Category: 14-16 17-19 20-30 31-54 over 55

We like to acknowledge our volunteers on their birthdays, during what month of the year may we send you a card? _____

VOLUNTEER EXPERIENCE

Organization _____ Dates: _____

Duties: _____

Organization _____ Dates: _____

Duties: _____

HOBBIES/INTERESTS

arts and crafts	group leadership	public speaking	child care
dancing, singing	writing/literacy	organizing events	driving
clerical	public relations	swimming	bowling
sewing	sports	woodworking	other _____

TRANSPORTATION

Driver=s Licence: yes no Class of Licence: _____

Are you willing to use your car during your activities as a volunteer? _____

ADDITIONAL INFORMATION

How did you hear about our Association=s Volunteer Program?

Why are you interested in becoming a volunteer with Community Living?

With whom would you prefer to volunteer?

Adult Male _____ *Adult Female* _____ *Program* _____ *Special Events* _____

When would you be available to volunteer?

day evening weekday weekends
year round summer only

How often are you available to volunteer?

once a week every other week once a month other _____

REFERENCES

Name _____ Telephone _____

Mailing Address: _____

Relationship _____

Name _____ Telephone _____

Mailing Address: _____

Relationship _____

I hereby declare that the foregoing information is true and complete to my knowledge. I, the undersigned, hereby authorize the Volunteer Coordinator/Program Director to contact the references listed on this application.

Signature: _____ *Date:* _____

Volunteer Coordinator: _____

**Mailing address: Community Living Durham North
 P.O. Box 964**

Telephone: **Port Perry, Ontario L9L 1A8**
905-985-8511, extension 229