

VOLUNTEER APPLICATION / AVAILABILITY FORM

Last Name:	First Name:	First Name:			
	(Street) (City, Prov) (Postal Code)	Cell #:			
Work Experience – Please list last p	position first				
Start/End Date	Business Nam	e/Location	P	Position Held	
Volunteer Experience – Please list	last position first				
Start/End Date	Business Nam	Business Name/Location			
Education					
Level of Education High school, College, Universi		Name of School (Optional) L		Program & License/Diploma/Degree Achieved	

□ Day Program Support □ Special Project/Event	□Summer I □Informal	Program S	upport	☐Office Assistance ☐Other (Describe):	
Skills/Experiences & Cours Behavioural Challenges Developmental Services, Early Childhood Education Teaching Recreation/Leisure/Cam Nursing (Type)	es Taken /DH on p		First Aid C.P.R. (F N.V.C.I/ Assistin Lifts/Tra	d (Please provide copy of certificate) Please provide copy of certificate) C.P.I (Please provide copy of certificat g with Personal Care ansfers nted Communication ype:	
☐ Office Administration Sk	ills (Describe): _ -				
	_	ed):			
Interests:					
□ Crafts□ Gardening□ Music	☐ Sports: _				
Availability ☐ Weekdays (Circle): M				(Circle): Sat Sun	
	u like to work ea	ach week?			- -
Transportation: 1. Do you have access to a valid drive		☐ Yes ☐ Yes	□ No	Liability Insurance: ☐ Yes	□ No
Emergency Contact Inform Name:			Phone:		
and if relevant driver license an	d insurance inforr	mation. I also	o declare that	bring 3 references, criminal reference t the information given above and all d result in termination of my volunteer	ocuments that I wi
Signature:			Da	te:	