

Volunteer Application Form

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Background skills and volunteer experience: _____

Experience working with children: _____

Languages fluently spoken and/or understood: _____

Reason for your interest in our program: _____

When are you available? What hours are best for you?

Which program/area are you most interested in?

- Families & Schools Together (F&ST)
- Committee work
- Fundraising
- In Love and In Danger (ILID)
- Supervised Access Program (SAP)
- Other -Please specify:_____

Personal references and contact information (people who hade known you for at least 2 years):

1. _____

2. _____

*Volunteers are carefully screened and provided with an orientation with training opportunities available throughout the year.

By law, a criminal records check is necessary. Please complete the attached form and provide 2 pieces of ID with you birth date indicated. The police do not allow an OHIP/Health Care to be used as ID, nor will they accept a faxed form. Thank you for your interest in our programs.

Date: _____ Signature: _____