



VOLUNTEER APPLICATION

CONTACT INFORMATION: (please print)

Last Name:	First Name:
Common Name:	
Address:	
City:	Postal Code:
Home Phone:	Email:
Cell Phone:	Fax:
Emergency Contact :	Phone number:

Why are you interested in volunteering at Participation House? _____ _____
Do you have previous volunteer experience? Yes <input type="checkbox"/> No <input type="checkbox"/>
When & Where?
I am able to commit to volunteering for a period of : 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other <input type="checkbox"/>

For Volunteers under the age of 18 parental/guardian consent is required:

I/we, _____ are the legal guardians of _____.	
I/we, give consent for him/her to offer service to Participation House, Markham as a volunteer.	
Signature: _____	Date: _____

REFERENCES: (persons not related to you)

If you are a student, and have never been employed please provide a teacher's name.

Employer	Phone #
Employer	Phone #
Personal	Phone #
Personal	Phone #

I am applying to volunteer in the following position(s): Please check

Friendly visitor: One to one	<input type="checkbox"/>	Community Church visitor	<input type="checkbox"/>
Day Programs : Activity & Resource Room	<input type="checkbox"/>	Student Co-op Hours	<input type="checkbox"/>
Education Room	<input type="checkbox"/>	PSW Community Hours	<input type="checkbox"/>
Pool Program	<input type="checkbox"/>	Other	<input type="checkbox"/>
Skill to Share (i.e. craft, gardening play musical instrument)			
Related training, skills, or experience:			
Hobbies and interests:			
Fundraising Events (i.e., Music Concert, Golf Tournament)			
<i>Please note that as a volunteer for our fundraising events ONLY, there is no direct client contact; therefore, you do not need to provide the Physician statement, nor be tested for TB.</i>			

Please be advised that Volunteers are covered by Participation House General Liability Insurance Program .Volunteers are *not covered* by Workplace Safety and Insurance Board for injuries sustained or arising out of the course of volunteering.

I am Available:

Time Period	Mon	Tue	Wed	Thu	Fri
Morning 9:30 to 12:00					
Afternoon 1:00 to 4:30					

Additional Information regarding availability:

For Office Use Only

Interview Completed <input type="checkbox"/>	Date _____
References checked <input type="checkbox"/>	Date _____