



VOLUNTEER APPLICATION FORM

Date: _____

Personal Details : (Please inform staff of any changes to contact info.)

Name: _____

Postal Code: _____

Address: _____

City: _____

Telephone: _____

E-mail: _____

Emergency Contact Person: _____

Relationship: _____

Telephone: _____

Background:

Education: Elementary Secondary College University Other Training Program

Languages: _____

Computer Skills?

Yes No

Windows Internet E-mail Access

MS Word Excel Others _____

Other Strengths/Specialties: _____

Employment Experience: _____

Volunteer Information:

Volunteer Experience: _____

Volunteer Position Preferred at TB Vets: _____

Why do I want to volunteer with TB Vets?: _____

References:

These people (not family or close friends) are familiar with my abilities as a worker or volunteer:

Name: _____ Relationship: _____

Telephone (Day): _____

Name: _____ Relationship: _____

Telephone (Day): _____

I am under the age of 19. My Parent or Guardian gives permission for me to volunteer.

Signature

Relationship

Date

How did you hear about TB Vets? (Please be as specific as possible):

Radio _____ Newspaper/Magazine _____

Website: _____ School _____

TV _____ Word of Mouth _____

Volunteer Centre _____ Other _____

Availability:

I am available to volunteer at the following time and days:

	MON	TUES	WED	THU	FRI
Morning					
Afternoon					
Evening					

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize TB Vets to obtain references from the individuals listed above.

Signature

Date

Please note: a criminal record check may be required depending on the volunteer position.