

Volunteer Application Form

Personal Details

Name (First & Last) _____

Address _____ Apt # _____

City _____ Postal Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

E-mail _____

Contact in Emergency _____ Phone _____

Are you of the age of majority (18 years or older)? YES / NO

How did you hear about us? _____

Skills & Interests

Education Background _____

Current Occupation _____

Hobbies, Interests, Skills _____

Previous Volunteer Experience _____

Languages you speak _____

Availability

Which days are you available? Mon. Tues. Wed. Thur. Fri.

How many days per month can volunteer? _____ Position Applying for _____

References

List name & phone numbers of 2 – 3 personal/professional references:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Authorization

I, hereby voluntarily consent to allow SC-WTSS to check my references:

(Signature)

(Witness Signature)

Date

Date

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