



VOLUNTEER APPLICATION FORM

Please Print:

First Name: _____ Last Name: _____

Address: _____
_____ Postal Code: _____

Contact Numbers:

Home : _____ Work: _____ Cell: _____

E-mail: _____

Please list any previous volunteer experience and references.

Please list Interests, Hobbies, Special Skills or Training:

Do you have any limitations or restrictions that we should be aware of? Allergies?

Why do you want to volunteer with Community Living Quinte West?

Where do you wish to volunteer: Please check all appropriate boxes.

- Bingo Compass PawsActive Doggie Daycare Group Home
Other Fundraising Activities Board of Directors

If under 16 years of age a parent/guardian must sign: _____

Please mail to: Volunteer Co-Ordinator
Community Living Quinte West
52 Lafferty Road,
Trenton, Ontario K8V 5P7

or fax to: Volunteer Co-ordinator
613-394-0381