



**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.

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> One-on-one with an individual | <input type="checkbox"/> Compass | <input type="checkbox"/> Group Home         |
| <input type="checkbox"/> Other Fundraising Activities  | <input type="checkbox"/> Bingo   | <input type="checkbox"/> Board of Directors |

**If under 16 years of age a parent/guardian must sign:** \_\_\_\_\_

**Please mail to:** Volunteer Coordinator  
Community Living Quinte West  
11 Canal Street,  
Trenton, Ontario K8V 4K3

**or fax to:** Volunteer Coordinator  
613-394-0381  
**or email to:** [chastity@clqw.ca](mailto:chastity@clqw.ca)