

VOLUNTEER APPLICATION FORM

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.

One-on-one with an individual
 Other Fundraising Activities

Compass
 Bingo

Group Home
 Board of Directors

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

Please mail to: Volunteer Coordinator
 Community Living Quinte West
 22 Front Street, Unit 109
 Trenton, Ontario K8V 6C5

or fax to: Volunteer Coordinator
 613-955-1317
 or email to: chastity@clqw.ca