

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: Community Living Quinte West  
 22 Front Street, Unit 109  
 Trenton, Ontario K8V 6C5

or fax to: 613-955-1317  
 or email to: [communitylivingquintewest@clqw.ca](mailto:communitylivingquintewest@clqw.ca)  
 or Callum Winsor (Board of Directors) [Callum@clqw.ca](mailto:Callum@clqw.ca)