



VOLUNTEER APPLICATION FORM

Date: _____

I am interested in volunteering as a:

- Administrative volunteer
- Special Events volunteer
- Committee volunteer

Name: _____ Date of Birth (MM/DD/YY): _____

Street No. & Name: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

Home Phone No.: _____ Cell Phone No.: _____

Email Address: _____

Emergency Contact Name: _____ Phone No.: _____

EDUCATION AND EXPERIENCE

Education Obtained: High School College University Other: _____

Employment History (most recent work experience) - Employer: _____

From: _____ To: _____ Position/Assignment: _____

Are you presently a volunteer with any other Organization? Yes No

Have you had previous experience as a volunteer? Yes No

If yes, please list two of your most recent volunteer experiences:

Agency 1: _____ Agency 2: _____

From – To: _____ From – To: _____

Position/Assignment: _____ Position/Assignment: _____

SKILLS

Language(s) Spoken: English French Spanish Other: _____

Other Skills:

What are your interests and hobbies?

ASSETS

Do you have a valid Ontario driver's license?	Yes	No
Do you have use of a car?	Yes	No
Are you willing to drive?	Yes	No

AVAILABILITY

What days are you available? Mon Tues Wed Thurs Fri

How many hours per week are you willing to commit? _____

Do you prefer volunteering in the: Mornings or Afternoons

Are you willing to make a 6-month commitment as a volunteer at the Clinic?

Yes No Not Sure On-call Basis

Some tasks require heavy lifting, do you have any physical limitations? _____

What do you wish to do at the Schlifer Clinic? (ie. What types of tasks or activities are you interested in?)

How did you hear of the Clinic? Friend From another Agency Flyer
An Advertisement/Posting Newsletter Other: _____

Have you had previous contact or association with the Schlifer Clinic? (please describe):

REFERENCES: (other than family members)

1. Name: _____

Home Phone No.: _____ Business Phone No.: _____

Email address: _____

2. Name: _____

Home Phone No.: _____ Business Phone No.: _____

Email address: _____

Is there any other information you would like to provide?

I hereby declare that the information is true and complete to the best of my knowledge and understand that any false information provided may disqualify my application.

Signature: _____

PRIVACY NOTE: All personal information gathered on this application is private and confidential and intended solely for the use of the Barbra Schlifer Clinic's Volunteer Department.

Please send the completed application form to:

Attn: Stefania Sdao, Volunteer Coordinator

Barbra Schlifer Clinic

503 – 489 College St.

Toronto, ON M6G 1A5

Fax: (416) 323 – 9107

Email: s.stefania@schliferclinic.com

FOR OFFICE USE ONLY

Date of Interview: _____

Start of Date: _____

Position Assigned: _____

Supervisor: _____

Comments: _____
