



VISION ON MISSION  
Doing it the right way is the better way!

## Volunteer Application Form

### Contact Information

Name	
Address	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings     
  Weekend mornings     
  Other (Please specify): \_\_\_\_\_  
 Weekday afternoons     
  Weekend afternoons     
 \_\_\_\_\_  
 Weekday evenings     
  Weekend evenings     
 \_\_\_\_\_

### Interests

I am hereby volunteering my professional services in the following field(s)-:

- Administrative Services     
  Outreach Projects/Labour     
  Other (Please specify): \_\_\_\_\_  
 Events Coordination     
  Transportation Services     
 \_\_\_\_\_  
 Field/Social Work     
  In-Transit Centre Lecturer     
 \_\_\_\_\_  
 Fundraising Projects     
  Graphic Art & Design     
 \_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Address	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name of Volunteer (BLOCK LETTERS)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or situation in life.

Thank you for completing this application form and for your interest in volunteering with us. We look forward to having you on board and welcome to Vision on Mission!

Executive President	Mr. Wayne Chance
Signature	
Date	