



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 welcoming you to Vision on Mission!

Chief Executive Officer	Ms. Giselle Chance
Signature	
Date	