

**YORK WEST**



**Active Living Centre**

## Volunteer Application Form

Name: Mr./Mrs./Ms/ Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Business/Cell: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am available on the following days and times:

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thurs: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

I am looking to volunteer for : \_\_\_\_\_

\_\_\_\_\_

Special skills I have are : \_\_\_\_\_

\_\_\_\_\_

Other languages I can speak are : \_\_\_\_\_

Do you have computer skills? NO YES If yes, what? \_\_\_\_\_

\_\_\_\_\_

Other info you would like us to know: \_\_\_\_\_

\_\_\_\_\_

Reference #1

Name; \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Reference #2

Name; \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

I, \_\_\_\_\_ give York West Active Living Centre permission to conduct a reference interview with the above mention name. The information obtained will be in direct relation to the volunteer position and not shared with others.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If under 18, parent or legal guardian must sign contest to the above.

How did you hear about volunteering at York West Active Living Centre?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*If under 18 years of age, please have your parent/guardian fill out the following form.

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to volunteer at York West Active Living Centre.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in volunteering at York West Active Living Centre. You will be contacted shortly with the days and times for an orientation and training session.