



# MALTON NEIGHBOURHOOD SERVICES



3540 Morning Star Drive, Mississauga, ON L4T 1Y2

Tel: 905- 677- 6270/ Fax: 905- 677- 6281/ Website:mnsinfo.org / Email:info@mnsinfo.org

## VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Work Email: \_\_\_\_\_

Is it okay to contact you at work? Yes  No

Are you a student of: high school  college  university  other  \_\_\_\_\_

Field of Study: \_\_\_\_\_

Past volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your special skills/interests/hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s) – Other than English

\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**Please indicate days and times that you are available:**

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Time Available
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date available to start: \_\_\_\_\_

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**Please indicate the type(s) of volunteer activities you are interested in:**

\_\_\_\_ Community Services      \_\_\_\_ Child Minding      \_\_\_\_ Outreach Committee  
\_\_\_\_ Program Delivery      \_\_\_\_ Homework Club      \_\_\_\_ Office Support/Clerical  
\_\_\_\_ Computers      Other: \_\_\_\_\_

Explain briefly any work that you do not want to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health or other concerns that might prevent you from doing certain tasks?  
Yes  No

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**References** (other than family):

1. Supervisor/Employer/Teacher/Pastor	2. Character Reference:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Email: _____	Email: _____
Phone #: _____	Phone #: _____

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I certify that all information given in this application is true, complete and correct. I understand that this application does not guarantee acceptance into the program and that providing any false information will be cause for termination. I agree to participate in orientation or training sessions as requested and to respect the confidentiality of all information I may have access to at Malton Neighbourhood Services.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If you are under the age of 19 a parent or guardian must also sign at the bottom of this page, thereby granting you permission to participate in volunteer activities)

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_