



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: _____

In what capacity have you had experience with children? _____

What are your special skills/interests/hobbies? _____

Language(s) - Other than English

_____ Speak _____ Read _____ Write _____

_____ Speak _____ Read _____ Write _____

Please indicate days and times that you are available:

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

Site Preference: **Bramalea** (Civic Centre) **Malton** (Community Centre)
 Springdale

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

____ Parent Greeters ____ Child Minding ____ Outreach Committee
____ Speakers Bureau ____ Co-Facilitate Group ____ Office Support
____ Resource Library ____ Workshop Leader Other: _____

References (other than family):

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

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 – Ontario Early Years.

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)

Please return application to:
Dwayne Sybbliss
3540 Morning Star Drive, Mississauga ON L4T 1Y2
Phone: 905-677-6270 Fax: 905-677-6281
Email: dsybbliss@mnsinfo.org