



Volunteer Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province ZIP Code

Phone: _____ Email _____

Do you have a criminal background check? YES NO

If not, are you willing to provide one? YES NO

Area(s) of Interest

Communications (eg. Newsletter Updates)

Administration (eg. Filing, Bookkeeping)

Household assistance (eg. Receiving, Sorting and Organizing Donations)

Friend to refugee

Maintenance (eg. Yard Work, Painting)

Commitment Level

Less than 6 months

6 months to 1 year

Ongoing

Other (please explain)

Availability

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to volunteer for Adam House?

How did you hear about the volunteer program at Adam House?

<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> Internet	<input type="checkbox"/> School
<input type="checkbox"/> Friend/ relative	<input type="checkbox"/> Public Event	<input type="checkbox"/> Another Volunteer
<input type="checkbox"/> Other:		

Signature

Signature: _____ Date: _____