

AVATIL

Volunteer Application Form

(Applicants must be at least 18 years old)

Last Name:		First Name:	
Address:		City:	Postal Code:
Telephone-Home #:	Telephone-Cell #:	Languages Spoken: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Emergency Contact Name:		Emergency Contact Phone #:	

Please mark the area(s) you are interested in:

Special Events (i.e. Walk-a-Thon, Xmas Party) ___ Committees (fundraising, public relations) ___
 Monthly Shared Suppers ___ Maintenance/Repairs ___ Newsletter ___
 Group Animation ___ Community Support ___ Other _____
 Sunday Potluck Dinners ___ Buddy/Friend ___

Availability:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How many hours per week ___ or month ___ would you like to volunteer?

Why do you want to volunteer? _____

What interests and skills would you like to contribute as a volunteer?

How did you hear about us?

Friend/Family Website Newspaper Other _____

REFERENCES (at least 1 of the 3 references must be professional)

1	First Name:	Last Name:	Relationship	Years known
	Telephone-Home:	Other Telephone:		
2	First Name:	Last Name:	Relationship	Years known
	Telephone-Home:	Other Telephone:		
3	First Name:	Last Name:	Relationship	Years known
	Telephone-Home:	Other Telephone:		

Agreement

- I understand that I must complete a police record check prior to being accepted as a volunteer.
- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I hereby certify that the above-mentioned information is correct.
- I authorize AVATIL to contact the above-named references.

Signature: _____ Date: _____

Please mail or fax application to:
387, 40th Ave, Lachine, QC H8T 2E7
Telephone: 514-634-8944, Fax: 514-634-2033