



**VOLUNTEER APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL # \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

E-MAIL \_\_\_\_\_

Driver's License \_\_\_\_\_

How did you learn about CMOW's volunteer opportunities?

\_\_\_\_\_

Could you please provide us with 2 references  
(Friends or neighbours for at least 3 years)

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission is given to contact these references \_\_\_\_\_

Have you had previous volunteer experience? \_\_\_\_\_

Please list organizations \_\_\_\_\_

\_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Which volunteer opportunity/opportunities are you interested in?

Delivering Meals  Volunteer Visiting  Congregate Dining

TeleChats/Security Checks  Special Events  Fundraising

Smile Exercise Classes/in-home program  Office Administration

How often are you able to volunteer?

Weekly  Bi-weekly  Monthly  Occasional/Special Event

**Emergency Contact information**

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Due to Ministry Guidelines a POLICE CHECK is required.**

Date Received \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_