



VOLUNTEER APPLICATION

(PLEASE PRINT)

DATE: _____

NAME: _____
Last First

ADDRESS: _____
Number Street City Postal Code

TEL: (RES.) _____ MALE: FEMALE:

(BUS.) _____

NAME OF EMPLOYMENT/SCHOOL: _____

ADDRESS: _____
Number Street City Postal Code

REFERRED BY (Agency or Individual): _____

LANGUAGES SPOKEN: _____ WRITTEN: _____

Please describe skills, previous training, work experience, or volunteer experience you have had:

DAYS AND TIMES AVAILABLE:(Please circle one or more and write the hours you can come)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat: _____ Sun: _____

In case of an emergency, please call:

Name Phone Number

Please check (T) any jobs where you feel your skills would be used:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Computer work | <input type="checkbox"/> Shopping Helper |
| <input type="checkbox"/> Groups | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Day Activities | <input type="checkbox"/> Escort to Events |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Maintenance Work |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Serving Food | <input type="checkbox"/> Gardening |

Why do you want to volunteer at SMBH?

REFERENCES:

Name Telephone Number

Is this a WORK, SCHOOL or CHARACTER reference (Please circle one)

Name Telephone Number

Is this a WORK, SCHOOL or CHARACTER reference (Please circle one)

I hereby declare that the above information is true and complete to my knowledge. I authorize St. Matthew's Bracondale House (SMBH) to contact the above references upon completion of an interview with a representative from SMBH. I understand that a false statement may disqualify me from volunteer work at SMBH.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Interview Date: _____ Orientation Date: _____

Position: _____ Start Date: _____

Vol- Consent Form Rec'd (if student under 18):

Closing Interview Date & Reason: _____

Comments: _____
