



**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 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"/> Special Events   |
| <input type="checkbox"/> Day Activities | <input type="checkbox"/> Newsletter    | <input type="checkbox"/> Food Preparation |
| <input type="checkbox"/> Arts/Crafts    | <input type="checkbox"/> Serving Food  | <input type="checkbox"/> Gardening        |

Why do you want to volunteer at SMBH?

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**REFERENCES:**

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Name Telephone Number

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

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Name Telephone Number

Is this a WORK, SCHOOL or PERSONAL 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: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Interview Date: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Vol- Consent Form Received (if student under 18):

Closing Interview Date &  
Reason: \_\_\_\_\_

Comments: \_\_\_\_\_