



First Step-Volunteer Application Form

Name:		Date:			
Street Address:		Apt/Suite#:			
City:		Province:			
Country:		Postal Code:			
Email:		Telephone:			
Mobile:	Work	Other:			
In case of Emergency, please contact:					
Name:		Relationship:	Telephone:		
Reason for volunteering:					
<input type="checkbox"/>	To learn new skills	<input type="checkbox"/>	To further refine existing skills		
<input type="checkbox"/>	School practicum/course credit	<input type="checkbox"/>	Career development/build resume		
<input type="checkbox"/>	To help others	<input type="checkbox"/>	To give back		
<input type="checkbox"/>	To meet people	<input type="checkbox"/>	Community service		
		<input type="checkbox"/>	Other, please comment:		
Skills for volunteering:					
<input type="checkbox"/>	Work well with other people	<input type="checkbox"/>	Organizational skills		
<input type="checkbox"/>	Office/Administrative abilities	<input type="checkbox"/>	Computer skills		
<input type="checkbox"/>	Creative ideas	<input type="checkbox"/>	Possess a valid Driver's licence		
<input type="checkbox"/>	Heavy lifting/physical abilities	<input type="checkbox"/>	Other, please comment:		
Availability:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
All day					
Length of commitment:					
<input type="checkbox"/>	Less than six months				
<input type="checkbox"/>	More than six months				
<input type="checkbox"/>	Special event/project. Please explain:				
<input type="checkbox"/>	Other, please explain:				