

VOLUNTEER APPLICATION FORM

CONTACT INFORMATION							
Name:							
Address:							
City:				Postal Code:			
Phone Number:	(Home)		(Work)		(Cell)		
Email:							
Are you under the age of 13? Yes N		No 🗌	If Yes, what adult will be accompanying you?				
EMERGENCY CONTACT							
Name:							
Phone Number:							
Relationship:							
Please provi	ide three ref	erences from pres	REFERENCES sent/past employer,	past volunte	eer experience, church etc.		
Name of Reference #1							
Phone Number:							
Relationship to Applicant:							
Name of Reference #2							
Phone Number							
Relationship to Applicant							
Name of Reference #3							
Phone Number							
Relationship to Applicant							



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PREVIOUS EMPLOYMENT/VOLUNTEER EXPERIENCE							
SPECIAL SKILLS AND / OR AREAS OF INTEREST							
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Languages spoken:							
Community Preference: Durham Christian Homes, Whitby Glen Hill Strathaven, Bowmanville Glen Hill Marnwood, Bowmanville							
Type of Volunteering Preferred:RecreationDietaryNursingSpiritual Care/Pastoral CareMaintenanceHousekeeping/Laundry							
Type of Volunteer	r: Please circle one: S	Student Casual	Regular				
Availability:	Days of the week	Time of Day or Evening Available	Number of Hours per week				
Education/Training:							
Volunteer Interests:							
Volunteer use of vehicle? Yes or No If Yes: Type of license:							
I am aware that Durham Christian Homes will be checking references for my volunteer position. I give permission to call my references.							
Signature:		Date: April 2015					