



Holy Family Home

Assignment: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

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

## VOLUNTEER APPLICATION FORM

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

### PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_

### FREQUENCY WITH WHICH YOU WISH TO VOLUNTEER:

Number of Hours Per Day: \_\_\_\_\_ Number of Days Per Week: \_\_\_\_\_

### PERFERRED DAYS (please circle)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

HOW WOULD YOU LIKE TO BE CONTACTED: By Phone: \_\_\_\_\_ By Email: \_\_\_\_\_

### REFERENCES:

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

Relationship: \_\_\_\_\_

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

I, \_\_\_\_\_ declare that the information provided is true and accurate.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I consent to Holy Family Home verifying any information supplied my me.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*PARENTAL/GUARDIAN CONSENT FOR JUNIOR VOLUNTEERS UNDER THE AGE OF 16:** I hereby give permission for \_\_\_\_\_ to participate at HOLY FAMILY HOME as a volunteer.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_