



VOLUNTEER APPLICATION FORM

Date: _____

I am interested in volunteering as a:

- Head Office volunteer
- Special Events volunteer
- Committee volunteer
- Shelter volunteer

Name: _____ Date of Birth (M/D/Y): _____

Address: _____ Apt#: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Business Phone Number: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about Eva's Initiatives? _____

Languages Spoken: _____

Please describe your education and training: _____

What is your current/previous occupation? _____

Please describe your previous volunteer experience (please give the organizational names and your responsibilities).

What are your interests and hobbies? _____

What do you wish to do at Eva's Initiatives (e.g. what type of tasks or activities are you interested in)? _____

How many hours a week are you available for? _____ For What length of time? _____

Are you available immediately? _____ If not, please explain why? _____

Please list two references who can be contacted (Preferably volunteer or business related).

1. Name: _____

Home Phone Number: _____ Business Phone Number: _____

Nature of Relationship: _____

2. Name: _____

Home Phone Number: _____ Business Phone Number: _____

Nature of Relationship: _____

Signed: _____

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| Return to: Volunteer Resources Eva's Initiatives 215 Spadina Ave Suite 370 Toronto ON M5T 2C7 Phone (416) 977-4497 ext 141, Fax (416) 977-6210 E-mail: volunteer@evas.ca |
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PRIVACY NOTE: All personal information gathered by Eva's Initiatives Volunteer Resources Department is private and confidential and intended solely for the use of the Volunteer Department.

FOR OFFICE USE ONLY

Date of Interview: _____ Start Date: _____

Position Assigned: _____

Site: _____ Supervisor: _____

Comments: _____
