

VOLUNTEER APPLICATION FORM

“Everybody is Important”

The information on this form will help us find the most satisfying and appropriate volunteer position for you. **(If you are currently receiving our agency’s services we require a one year wait period after service has ended prior to applying for volunteer opportunities.)** *Must be 14 years of age or older.

PERSONAL INFORMATION		
Name:	Application Date:	
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	
E-mail Address:		
Emergency Contact Name:	Phone Number:	

Why are you interested in volunteering with Trellis Mental Health and Developmental Services?

How did you hear about volunteering with us?

List special skills, hobbies, interests

Have you had any academic, volunteer or practical experience related to work in a mental health/special needs facility? Please describe.

Please list your volunteer experience.

NAME OF ORGANIZATION	LOCATION	YOUR VOLUNTEER ROLE

Please list your work experience.

NAME OF ORGANIZATION	LOCATION	YOUR JOB TITLE

**Please give three references that we may contact on your behalf.
Preference is for work and/or volunteer supervisors.**

CONTACT PERSON	STREET ADDRESS/CITY	POSTAL CODE	PHONE NUMBER

Please indicate when you would be available to volunteer your services.

	MORNING (9-12)	AFTERNOON (1-5)	EVENING (5-9)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Weekend			

Please check the type of volunteer work you prefer and the type of program area which appeals to you.

VOLUNTEER WORK PREFERENCE	CHECK HERE	PROGRAM AREA PREFERENCE	CHECK HERE
One-to-One Support		Children	
Child Care for Groups		Adolescents	
Driver		Adults	
Office/Clerical		Elderly	
Day Care Support		Mental Health	
Agency Committee		Developmental Disorders	

Do you have a valid driver's license? ____ Do you have access to a vehicle? ____

Signature _____

Date _____

Information collected on this form will be used for recruitment purposes only.

Thank you for filling out this application with our agency. Please return to:

Volunteer Services
Trellis Mental Health and Developmental Services
147 Delhi St. Guelph, Ontario N1E 4J3
(519) 767-5309 (Fax)
(519)821-8089 x581 (Phone)