

VOLUNTEER APPLICATION

Contact Information									
First Name:					Last Name:				
Primary Address:									
City:					Postal Code:			Prov:	
Email Address:									
Phone Number:					Alternate No.:				
Secondary Address (for students- provide your local address)									
Address #2:									
City:					Postal Code:			Prov:	
Birtl	nday	: Month_	Da	ıy					
Pers	on t	o Notify ir	n Case of I	Emergency					
First Name:					Last Name:				
Address:									
City:					Postal Code:			Prov:	
Phone Number:					Alternate No.:				
Rela	Relationship:								
Avai	ilabil	ity (Satur	day & Sun	day shifts a	e 10-2)				
Plea	se ch	neck which	n shifts you	are available	for voluntee	er assign	ments		
		Monday	Tuesday	Wednesday	Thursday	Friday	Satur	day	Sunday
8-12	2 am								
12-4	- pm								
4-8	3 pm								
Are you available year round? YES NO How much time would you like to contribute to the Mark Preece Family House? (eg # of shifts per week or month)									
Area of Interest									
Please check which area(s) you are interested in volunteering									
House Volunteer									
	Housekeeping Volunteer								
	Maintenance Volunteer								
	Thyme4Dinner Volunteer								
			s Volunteer						
			Service Volu						
	Other- Please specify your area of interest								

Why are you interested in volunteering with the Mark Preece Family House?							
Special Skills and Qualifications							
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including sports and hobbies.							
	evious Volunteer Experience						
Summarize your previous volunteer experience.							
Re	ferences						
	ease provide the names of two character reference						
1.	Name:	Phone Number:					
	Email Address:						
	Relationship/Place of work:						
2.	Name:	Phone Number:					
	Email Address:						
	Relationship/Place of work:						
Agreement and Signature							
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The information provided through the volunteer application and screening process will remain confidential.							
Sig	gnature:	Date:					

- It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, sexual preference, age, or disability.
- Please return this completed form to info@markpreecehouse.ca or mail to 191 Barton Street East, Hamilton, ON, L8L2W7

Thank you for completing this application form and for your interest in volunteering with us