

## Volunteer Application Form

Please select preference (Please note that some location							
Administrative Office	ative Office (4-797 York Street) Ages 15+					Are you currently age 15 or older?	
Community Mental He	nity Mental Health Programs/Resource Centre (459 York Street) Ages 18+					NO	
Mission Store (4-797 York Street) Ages 15+							
Men's Mission (459 York Street) Ages 18 +							
Quintin Warner House (459 York Street) Ages 18+						Are you currently age 18 or older?	
Rotholme Family Shelter (42 Stanley Street) Ages 18+					YES	NO	
Special Events (Vario	cial Events (Various Locations) Ages 15+						
First Name:	Last Name:						
Address:							
City:	Province:		Postal Code:				
Email Address:							
Phone Number: Alternate Phone:							
Emergency Contact: (name, relationship to you, phone number)							
Please circle your minimum level of commitment:							
1 Time Event Seas	onal Role	40 hours	3 months	6 months	1 yea	ar +	
Please indicate which da		s you are ava	_				
Manday	Morning		Afternoon	Evening			
Monday Tuesday							
Wednesday							
Thursday					-		
Friday							
Saturday							
Sunday							
Notes/Preferences:				·			



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Please outline the details or tasks of any paid or unpaid/volunteer Work Experience: (resumes welcome)						
What skills are you looking to utilize or learn during your volunteer experience with Mission Services?						
How did you hear about Mission Services of London?						
Is there anything else that you'd like to share with us?						
Languages (other than English): Spoken						
Languages (other than English): Read						
I certify that all the information provided in this application is correct to the best of my knowledge. If it is found that I have given false information in this application, such falsification will constitute full and sufficient grounds for dismissal from volunteering with Mission Services of London.						
Please note some volunteer positions require additional training, documentation, and screening such as a Criminal Records Check or Vulnerable Sector Police Check which will be discussed at the interview and once you have been selected as a volunteer.						
Signature:	Date:					
If applicant is under the age of 18:						
Printed Name of Guardian						
Signature of Guardian	Date:					