



Name:	
Phone:	Cell:
Home Address:	
Email:	
Emergency Contact: Name _____ Relationship _____ Phone _____	
About You: How did you hear about us? _____ Do you have any medical restrictions that would limit the activities you can perform? <input type="radio"/> YES <input type="radio"/> NO If yes, please specify _____ Are you part of Ontario Work or any other Social Service Program? <input type="radio"/> YES <input type="radio"/> NO If yes, please specify _____ Have you ever been convicted of a criminal offence? <input type="radio"/> YES <input type="radio"/> NO Will you require a letter of reference acknowledging that you are a volunteer with LAC? <input type="radio"/> YES <input type="radio"/> NO If yes, please note that a minimum of 10 hours is required to receive a letter)	
Hobbies, Skills & Interests:	
Previous Volunteer Experience:	
Current Occupation (if student please specify program/grade):	
What activities would you be interested in volunteering for? <input type="radio"/> Birthday Parties <input type="radio"/> Computer Tutoring <input type="radio"/> Special Events <input type="radio"/> Group Leader (Language, Special Interest, Discussion, Games etc) <input type="radio"/> Kitchen/Serving/Congregate Dining <input type="radio"/> Admin/Clerical Duties <input type="radio"/> Other _____	

Availability:

<input type="radio"/> Flexible – call as/when needed
<input type="radio"/> Prefer Weekdays AM / PM Mon Tues Wed Thurs Fri
<input type="radio"/> Prefer Weekends AM / PM Sat Sun
<input type="radio"/> Other
<input type="radio"/> Times I cannot volunteer (please specify):

References:

Please list the name and phone number of three(3) professional or personal references:

Name: Relationship to Reference:	Phone:
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I confirm that all details given on this form are correct and up to date.

Signature _____ Date: _____

Thank you very much for your interest in volunteering with us.

Should you have any questions about volunteering or this form please do not hesitate to call 416-452-4530.