



**Thunder Bay Sexual
Assault/Sexual Abuse
Counselling and Crisis
Centre**

VOLUNTEER APPLICATION FORM

General Information (Please Print)

First Name:		Last Name:	
Address:		City:	Postal Code:
Home Phone #:		Work #:	
Email Address:		Date of Birth:	
Emergency Contact:		Phone #:	Relationship:
Are you interested in: Committee Volunteering <input type="checkbox"/>		Board of Director's <input type="checkbox"/>	
Date:			

Skills and Interests (In Brief)

Education Background

Employment (If applicable)

Can you be contacted at work? _____

Hobbies, Interests, Skills

Previous Volunteer Experience (provide details)

Volunteer Opportunities

What committee are you interested in?			
<input type="checkbox"/> Education	<input type="checkbox"/> Financial	<input type="checkbox"/> Program	<input type="checkbox"/> Personnel

Do you have any special skills/abilities (i.e. Second Language or other?) Please specify.

Availability**Please check any that apply**

	Morning	Afternoon	Evening	
Sunday	_____	_____	_____	<input type="checkbox"/> I am usually available at short notice <input type="checkbox"/> I have access to a vehicle I am available as of: _____
Monday	_____	_____	_____	
Tuesday	_____	_____	_____	
Wednesday	_____	_____	_____	
Thursday	_____	_____	_____	
Friday	_____	_____	_____	
Saturday	_____	_____	_____	

References:**How did you hear about us?**

- Advertisement
 From a client of the agency
 Referred by friend/volunteer
 Other _____

List name and phone numbers of three personal references.

1.
2.
3.

Applicant's Signature: _____

Date: _____