



VOLUNTEER APPLICATION FORM

Date of Application: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Date of Birth: (dd/mm/yyyy): _____

DRIVER'S INFORMATION

Driver's License #: _____ Expiry Date: _____

License Plate #: _____ Vehicle Make: _____

Vehicle Color: _____ Insurance Company Name: _____

IN CASE OF EMERGENCY

Contact #1

Name: _____ Relationship: _____

Phone #: _____

Contact #2

Name: _____ Relationship: _____

Phone #: _____

REFERENCES

Reference #1

Name: _____ Relationship: _____

Phone #: _____

Reference #2

Name: _____ Relationship: _____

Phone #: _____

VOLUNTEER OPPORTUNITIES

- Volunteer Driver
- Emergency Volunteer Driver
- Volunteer Helper
- HMR Volunteer Driver
- Depot Volunteer Driver
- Office Volunteer
- Kitchen Volunteer
- Board of Directors Volunteer

VOLUNTEER AVAILABILITY

Please circle the days on which you may be available

Monday Tuesday Wednesday Thursday Friday

Note: We ask that our volunteers be make themselves available at least one day each month, unless the volunteer is on a leave of absence.

If at anytime the information provided on this application changes, please make sure to notify the Coordinator, Volunteer.

Volunteer Signature

Date (mm/dd/yyyy)

Coordinator, Volunteer

Date (mm/dd/yyyy)