

Volunteer Application

Date of application: _____

Contact Information	
Name	
Street Address	
City, Province, Postal Code	
Home Phone	
E-Mail Address	

Availability		
On which days and times are you available for volunteer assignments?		
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Mornings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Evenings

Interests	
In which areas are you interested in volunteering.	
<input type="checkbox"/> Office Work	<input type="checkbox"/> Website/Database work
<input type="checkbox"/> Events	<input type="checkbox"/> Translation work
<input type="checkbox"/> Fundraising	

Languages
Which languages are you fluent in?
<input type="checkbox"/> English
<input type="checkbox"/> French
<input type="checkbox"/> Other (please list):

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

How did you hear about ACT and why do you want to volunteer with us?

Please attach a copy of your current resume. Print and fax or scan this form and send to ACT.

Contact ACT:
info@actcommunity.ca
fax: 604-205-5345