



Holy Family Home

Assignment: _____

Orientation Date: _____

Start Date: _____

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Postal Code: _____

Home Phone #: _____

Languages Spoken: _____

PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE:

FREQUENCY WITH WHICH YOU WISH TO VOLUNTEER:

Number of Hours Per Day: _____ Number of Days Per Week: _____

PERFERRED DAYS (please circle)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

HOW WOULD YOU LIKE TO BE CONTACTED: By Phone: _____ By Email: _____

REFERENCES:

Name: _____

Relationship: _____

Phone Number: _____

I, _____ declare that the information provided is true and accurate.

SIGNATURE: _____

DATE: _____

I consent to Holy Family Home verifying any information supplied my me.

SIGNATURE: _____

DATE: _____

***PARENTAL/GUARDIAN CONSENT FOR JUNIOR VOLUNTEERS UNDER THE AGE OF 16:** I hereby give permission for _____ to participate at HOLY FAMILY HOME as a volunteer.

SIGNATURE OF PARENT OR GUARDIAN: _____