

OTTAWA WEST COMMUNITY SUPPORT
1137 Wellington Street
Ottawa, Ontario, K1Y 2Y8
(613) 728-6016

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone: Home: _____ **Business:** _____

Languages: _____

Education (highest grade completed): _____

Additional Training: _____

Employment/Profession: _____

Employer's Name and Address: _____

Previous or Present Volunteer Jobs: _____

What type of volunteer work are you most interested in? _____

Commitment: How many hours can you commit to volunteer work per week? _____

What time of day is best for you? Mornings? _____ **Afternoons?** _____ **Evenings?** _____

Are there any days or parts of days when you are not available? Please specify: _____

Why do you wish to volunteer with OWCS? _____

Special Interests or Hobbies: _____

Do you smoke? Yes _____ No _____

Do you have a car at your disposal? Yes _____ No _____

Do you have any health problems which might limit your physical activity? Yes _____ No _____

If yes, please specify: _____

Who should we contact in case of emergency?

Name: _____ Relationship: _____

Phone Number: _____

References: (please provide at least one business, or previous volunteer coordinator, name).

NB: Students applying under the age of 18 years must submit three references

Such as: Guidance Councilor, Teacher, Clergy, neighbour

Name: _____ Phone: _____ Relationship: _____

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