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| Volunteer Application |  |

## My Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Province, Postal Code |  |
| Home Phone |  |
| Work Phone |  |
| Email Address |  |

## My Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| \_\_\_Weekday mornings | \_\_\_Weekend mornings |
| \_\_\_Weekday afternoons | \_\_\_Weekend afternoons |
| \_\_\_Weekday evenings | \_\_\_Weekend evenings |

## My Personal Interests

### In which areas you are interested in volunteering?

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| --- |
| Sullivan House \_\_\_Addictions Counselling \_\_\_ Administration  |
| Munro House \_\_\_Peer Support \_\_\_Outreach  |
| Punanai House \_\_\_ Continuing Care \_\_\_Family Program  |
| Wright Center \_\_\_Maintenance \_\_\_Children’s Program  |
| \_\_\_ Client Care Access & Engagement \_\_\_ Fundraising  |

## My Personal Lived Experience with Recovery

|  |  |  |
| --- | --- | --- |
| \_\_\_ Myself | \_\_\_Family Member/ Loved One  | \_\_\_None  |

##  My 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.

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## My Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.