

Student Volunteer Application



M F

Name _____ Date _____

Address _____ Unit/Apt _____

City/Town _____ Postal Code _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email _____

Age: 13-15 _____ 16-18 _____ 18-20 _____

In case of emergency,

Contact _____ phone # _____ Relation _____

Contact _____ phone # _____ Relation _____

Mr. Mrs. Ms.

Parent's Name: _____

What type of volunteer work would you like to do? _____

Backpack Program Congregate Dining Early Years Centre Special Events

List any formal or informal Volunteer Experience

Any relevant training or background experiences that you would like to tell us about?

When are you available to volunteer?

Mornings Afternoons Evenings Week-ends

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are there any factors that would restrict your activities? (i.e. health, lifting, transportation)

Personal References (known applicant for 2 years or more, over 18 years old and not a family member) Please list how you know the person.

1. Name _____ phone # _____

2. Name _____ phone # _____

3. Name _____ phone # _____

I have or will contact my references to let them know that Links2Care will be calling.

Student's Signature _____

For those under the age of 18:

I acknowledge that my son/daughter is volunteering with Links2Care.

Parent/Guardian Signature _____

Date _____