

VOLUNTEER APPLICATION

Contact Information							
First Name:				Last Name:			
Primary Address:							
City:			Postal Code:			Prov:	
Email Address:							
Phone Number:				Alternate No.:			
Secondary Address (for students- provide your local address)							
Address #2:							
City:			Postal Code:			Prov:	
Birthday: Month _____ Day _____							
Person to Notify in Case of Emergency							
First Name:				Last Name:			
Address:							
City:			Postal Code:			Prov:	
Phone Number:				Alternate No.:			
Relationship:							
Availability (Saturday & Sunday shifts are 10-2)							
Please check which shifts you are available for volunteer assignments							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-12 am							
12-4 pm							
4-8 pm							

Are you available year round? ___ YES ___ NO

If no, please specify the months:

How much time would you like to contribute to the Mark Preece Family House?
(eg # of shifts per week or month) _____

Area of Interest	
Please check which area(s) you are interested in volunteering	
<input type="checkbox"/>	House Volunteer
<input type="checkbox"/>	Housekeeping Volunteer
<input type="checkbox"/>	Maintenance Volunteer
<input type="checkbox"/>	Thyme4Dinner Volunteer
<input type="checkbox"/>	Special Events Volunteer
<input type="checkbox"/>	Professional Service Volunteer
<input type="checkbox"/>	Other- Please specify your area of interest

Why are you interested in volunteering with the Mark Preece Family House?	
Special Skills and Qualifications	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including sports and hobbies.	
Previous Volunteer Experience	
Summarize your previous volunteer experience.	
References	
Please provide the names of two character references (no relatives).	
1.	Name: _____ Phone Number: _____
	Email Address: _____
	Relationship/Place of work: _____
2.	Name: _____ Phone Number: _____
	Email Address: _____
	Relationship/Place of work: _____
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. The information provided through the volunteer application and screening process will remain confidential.	
Signature: _____	Date: _____

- It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, sexual preference, age, or disability.
- Please return this completed form to info@markpreecehouse.ca or mail to 191 Barton Street East, Hamilton, ON, L8L2W7

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