

Volunteer Application

Contact Information	
Name	
Street Address	
City, Province, Postal Code	
Home Phone	
E-Mail Address	

Availability		
During which hours are you available for volunteer assignments?		
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Mornings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday	

Interests
Tell us in which areas you are interested in volunteering.
<input type="checkbox"/> Office Work
<input type="checkbox"/> Events
<input type="checkbox"/> Fundraising

Languages
What languages are you fluent in?
<input type="checkbox"/> English
<input type="checkbox"/> French
<input type="checkbox"/> Other (please list):

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.

How did you hear about ACT and why do you want to volunteer for us?

Please attach a copy of your current resume. Print and fax or scan this form and send to ACT.

Contact ACT:
info@actcommunity.ca
fax: 604-205-5345