

MARIANHILL VOLUNTEER APPLICATION FORM

PLEASE PRINT

DATE: _____

(Surname) (First Name)

Address: _____
(Street) (City) (Postal Code)

Telephone (home) _____ (work) _____ Date of Birth _____

Occupation: _____ Previous Volunteer Experience: _____

Email address: _____

Education: _____

Please list any skills, hobbies or interests you have that might be helpful in your volunteer work:

Do you have physical limitations we should be aware of Yes No

Days and Times Available: _____

Type of Volunteer Work Desired: _____

How did you learn about our Volunteer Department? _____

Reason for volunteering: _____

Reference 1. _____
(Please fill out in full) (Surname) (First Name)

(Address) (Postal Code) (Telephone)
Email Address: _____

Reference 2. _____
(Please fill out in full) (Surname) (First Name)

(Address) (Postal Code) (Telephone)
Email Address: _____

I am aware that Marianhill will be checking references for my volunteer position. I give permission to call my references.

Signature: _____ Date: _____

PLEASE NOTE A VULNERABLE SECTORE POLICE RECORD CHECK MUST BE SUBMITTED TO MARIANHILL.

OFFICE USE ONLY:

Date of Interview: _____ Placement: _____

Date Placed: _____ Date Terminated: _____

Remarks: _____

**PLEASE RETURN TO: Marianhill 600 Cecelia Street Pembroke, Ontario K8A 7Z3
C/o Wendy Biernaskie Manager of Recreation and Volunteers**

Inspired by the healing ministry of Jesus Christ and the life of St. Marguerite d'Youville, Marianhill provides love and compassionate care in the Catholic tradition to older adults within their homes, the community and Marianhill.