



VOLUNTEER APPLICATION FORM

GENERAL INFORMATION

Mr. __ Mrs. __ Ms. __ Miss __		Today's date:	
Name: Last		First	
Address:		Apt./Unit#	
City:		Postal Code:	
Email address:			
Home Ph #	Business Ph #	Cell #	
Other Languages Spoken Fluently			

EMERGENCY NOTIFICATION

In an emergency, who can we call? Name:		Relationship:	
Home Ph #	Business Ph #	Cell #	

HEALTH AND SAFETY

Are you in good health? Yes__ No__ If no, please explain:		
Any physical limitations to your activities?		

WORK AND EDUCATION HISTORY

Are you currently a student? Yes__ No__		Full time__ Part time__	
Diploma/Degree?		Specialization:	
Your level of education currently completed:			
High School__ [__ yrs] College__ [__ yrs] University__ [__ yrs] Other_____			
Are you currently employed? Yes__ No__		Full time__ Part time__ Retired__	
If yes, where?		Phone #	
Job Title:			
Work Experiences:			

AREAS OF INTEREST – WHAT TYPE OF WORK WOULD YOU ENJOY MOST

Family Fun Events__	Fundraising__	Distribution of Newsletter/Media__
Website Support__	Photography__	

TIME AVAILABILITY

	MON	TUE	WED	THURS	FRI	SAT	SUN
AM 9 - 12							
PM 1 - 4							
PM 4 - 7							
EVE 7 - 9							

PLEASE ENTER YOUR NAME AND DATE

By submitting this application I hereby affirm that:

- all information is true and accurate;
- I will respect the confidentiality of information regarding the children I work with;
- I consent to a Police Reference Check and affirm that there are no criminal charges on that form; and,
- I give FiT Network’s authorized Board of Directors permission to check references prior to placement.

Signed: _____
[your full name]

Date: _____ / _____

Subject to our placement opportunities and your suitability, you will be contacted regarding an on-site interview.
 All volunteers are required to submit a Police reference Check.

FOR OFFICE USE ONLY

	Date	Initials
Application received	/	
Interview	/	
Reference checked	/	
Police Check	/	
Orientation	/	