



VOLUNTEER APPLICATION FORM

Name Mr. Mrs. Miss. Ms.

Address (Street Number / Street Name)

City

Province

Postal Code

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Telephone (Main)*

Cell*

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Email Address*

Birth Date (DD/MM/YYYY)

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*I prefer to be contacted by: _____ (Telephone, Cell or Email)

EMERGENCY INFORMATION

Emergency Contact Name

Emergency Contact Telephone

Allergies (if applicable)

Medical Restrictions

WORK/VOLUNTEER INFORMATION

Are you a student? Name of School or University

Yes/No	
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Present Employer

Position

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There are many ways to Volunteer. What Volunteer Position would you be interested in and what strength would you bring to us?

How many hours are you available to volunteer each week?

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Please list the time frames you are available to work/volunteer during the day or after school

DAY	START	END
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

(*Weekend functions are limited. We operate mainly Monday to Friday, however, please indicate availability for weekends if required)

Please list any previous or current volunteer experience:

Organization	Position	Responsibility	Date of Service (From - To)

List your Employment/Training Background:

	Employer	Position	Responsibility	Date of Service (From - To)
1				
2				
3				
4				

Why do you want to serve in this position? How do you hope to benefit?

Describe your favorite Volunteer or Work Experience:

List the Qualifications and Skills that you bring to this Position:

Signature of Applicant

Date of Application

Please send your completed application form to:

Email: **info@stclairgardens-bia.com**

Fax: **(416) 658-7365**

Mail: Don Panos, Chair
St. Clair Gardens Business Improvement Area
1747 St. Clair Ave W
Toronto, ON M6N 1J4

Your application will be reviewed when received. When a volunteer position becomes available you will be contacted by our office for an interview. Please bring a copy of your Resume at that time.