

**VOLUNTEER APPLICATION FORM**

**Name** Mr. Mrs. Miss. Ms.

**Address (Street Number / Street Name)**

**City Province Postal Code**

**Telephone (Main)\* Cell\***

**Email Address\* Birth Date** (DD/MM/YYYY)

\*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

**Present Employer Position**

**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?**

**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**

Mail: Rose Capocci, Chair

St. Clair Gardens Business Improvement Area

1660 St. Clair Ave W

Toronto, ON M6N 1H8

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.