

FOR OFFICE USE ONLY



**VOLUNTEER APPLICATION**

PERSONAL ATTENDANT CARE INC.

1650 Dundas St E., Suite 200, Whitby, ON, L1N 2K8

Phone: (905) 576-5603 Fax: (905) 576-8020

DATE: \_\_\_\_\_  
mm/dd/yy

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Last First Middle

E-Mail \_\_\_\_\_ Cellular # \_\_\_\_\_

Present Address:

\_\_\_\_\_ No. Street City Province Postal Code

**Please check the times when you are available:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

**Please check your areas of interest:**

Administrative       Respite Day Services       Outreach

Special Skill       Special Projects (e.g. AGM)

**Please check any special skills or interests:**

Cooking/Baking       Recreational activities       Sewing       Relaxation techniques

Crafts       Scrap booking       Reading       Other, specify below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECORD OF EDUCATION**

School	Course of Study	Year Completed	Did you Graduate?	List of Certificates, Diplomas, Degrees
High				
College				
Other				

## EMPLOYMENT HISTORY

Company Name & Type of Business: _____
Position: _____
Describe the work you did: _____
_____

Company Name & Type of Business: _____
Position: _____
Describe the work you did: _____
_____

## VOLUNTEER EXPERIENCE

Organization: _____	Date: _____
Description:	
_____	
_____	
_____	

Organization: _____	Date: _____
Description:	
_____	
_____	
_____	

## REFERENCES

Name and Occupation	Address	Phone Number

The facts set forth in my application for volunteer placement are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date mm/dd/yy

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date mm/dd/yy



