

INTERVAL HOUSE OF HAMILTON-WENTWORTH VOLUNTEER APPLICATION FORM

DATE: _____
 NAME: _____
 ADDRESS: _____

TELEPHONE: (home) _____ (bus.) _____
 EMERGENCY CONTACT: _____
 E-MAIL ADDRESS: _____

Why are you interested in volunteering at Interval House?

Indicate available times for volunteering:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Day							
Afternoon							
Night							

Education/courses/workshops/hobbies:

Indicate preferences for type of area you wish to work in:

- | | |
|---|--|
| <input type="checkbox"/> Child & Youth Program
<input type="checkbox"/> Front Line (Women's) Program
<input type="checkbox"/> Clerical Support
<input type="checkbox"/> Fundraising & Special Events
<input type="checkbox"/> Public Education & Training
<input type="checkbox"/> Will work wherever needed | <input type="checkbox"/> Housekeeping Department
<input type="checkbox"/> Legal Advocate Program
<input type="checkbox"/> Cultural/Language Interpretation
<input type="checkbox"/> Reception
<input type="checkbox"/> Garden (Childrens's, Perennial, Vegetable)
<input type="checkbox"/> Santa's Workshop |
|---|--|

Languages spoken/written and read:

	English	French	Other	Other
Oral				
Written				

References: List names and telephone #s:

	Name	Address	Telephone
Reference #1			
Reference #2			
Reference #3			

What would you like us to know about you?

Mail completed form to: Interval House of Hamilton-Wentworth
 630 Sanatorium Road
 Hamilton, ON L9C 7S7