

ST. LEONARD'S HOUSE/LIFE LINE
RESIDENTIAL VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____

PRESENT OCCUPATION: _____

EMPLOYER ADDRESS: _____ WORK PHONE: _____

EDUCATION: _____

PREVIOUS VOLUNTEER WORK: _____

LIST SPECIAL SKILLS OR INTERESTS YOU FEEL MAY CONTRIBUTE TO YOUR VOLUNTEER POSITION. FOR EXAMPLE: CRAFTS, HAIRCUTS, SPORTS, OTHER... _____

DO YOU HAVE ANY OF THE FOLLOWING CERTIFICATES OR EXPERIENCE:

FIRST AID _____
CPR _____
CRISIS MANAGEMENT _____
OTHER _____

DO YOU HAVE THE USE OF A VEHICLE? YES ___ NO ___

DO YOU HAVE COMPUTER SKILLS? PLEASE EXPLAIN? _____

PLEASE INDICATE THE HOURS THAT YOU ARE AVAILABLE: _____

PLEASE INCLUDE THREE REFERENCES AND THEIR PHONE NUMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE NOTE
ALL REFERENCES WILL BE CHECKED
AS PART OF THE ACCEPTANCE PROCEDURE.

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