



VOLUNTEER APPLICATION FORM

Name Mr. Mrs. Miss. Ms.

Address (Street Number / Street Name)

City	Province	Postal Code
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Telephone (Main)*	Cell*
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Email Address*	Birth Date (DD/MM/YYYY)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

*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
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Present Employer	Position
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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?

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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.