

**Box 1000
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Clinton, ON. NoM 1Lo**



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daycentres@mwads.org**

VOLUNTEER APPLICATION FORM

Part 1: GENERAL INFORMATION

Last name:		First name:
Address:		
Town:	PC:	Telephone:
Emergency contact:	Relationship:	Telephone:

Part 2: AVAILABILITY AND POSITION (✓ all that apply)

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Clinton	<input type="checkbox"/>	Board of Directors	<input type="checkbox"/>	Hydro Therapy
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Exeter	<input type="checkbox"/>	Advisory	<input type="checkbox"/>	Swim Therapy
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Goderich	<input type="checkbox"/>	Program	<input type="checkbox"/>	Office
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Grand Bend	<input type="checkbox"/>	Driver	<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Friday	<input type="checkbox"/>	Wingham	<input type="checkbox"/>	Excursion Driver	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Bus Escort	<input type="checkbox"/>	Crafts
<input type="checkbox"/>	Partial Days	<input type="checkbox"/>		<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Crafts
<input type="checkbox"/>	Full Days	<input type="checkbox"/>		<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	

Part 3: SKILLS

Primary language:	Other language(s):
Skills / training / hobbies:	
Reason for volunteering:	
Previous volunteer experience:	

~ ALL VOLUNTEERS ARE SUBJECT TO A THREE MONTH PROBATIONARY PERIOD ~

Part 4: EMPLOYMENT

Currently occupation:	Past occupation(s):
Educational level:	Diplomas / degrees:

Part 5: REFERENCES

Name:	Telephone:
Address:	
Relationship:	Length of time (if known):

Name:	Telephone:
Address:	
Relationship:	Length of time (if known):

Name:	Telephone:
Address:	
Relationship:	Length of time (if known):

Part 6: VOLUNTEER DRIVERS ONLY:

Drivers license number:	Province:	Expiry:	Photocopy?
Vehicle make and model:	Year:	Colour:	Doors:
License plate:	Number of passengers:		

Part 7: DECLARATION:

I declare that the information I have provided is true and complete to the best of my knowledge, and authorize Midwestern Adult Day Services to contact the references listed above. I understand that providing a false statement may disqualify me, or cause my dismissal from volunteer duties at Midwestern Adult Day Services.

Applicant's signature:

Date:

Part 8: OFFICE USE ONLY:

Volunteer position:	Site:
Application status:	Start date: