



VOLUNTEER APPLICATION

DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

ARE YOU OVER THE AGE OF 18? (PICK ONE) YES NO

LANGUAGES SPOKEN: _____

Please list any hobbies or skills:

Highest Level of Education obtained:

How did you first hear about Wesley?

Why do you want to be a volunteer with Wesley?

Please list any previous volunteer experience and what type of work you did:



What programs or volunteer jobs interest you at Wesley?

Empty box for program interests

Please check all days and times you are available to volunteer:

Availability table with columns for days (MON-SUN) and rows for Mornings, Afternoons, and Evenings.

Have you ever used the services of Wesley before? (pick one) YES NO

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Please complete and attach two reference letters to this application, OR provide the name and contact information of two references for Volunteer Coordinator to complete.

I understand the need for Wesley to conduct a police check on all volunteer applicants to ensure that the clients who access our programs are protected. I agree to return the required police check to Wesley in a timely manner. I certify that the information in this form is correct and complete. Signed _____ Dated: _____

Please scan and email this application to Nicole at nicole.white@wesley.ca, or mail to/drop off at 52 Catharine Street North, Hamilton, ON, L8R 1J1