



# CECIL COMMUNITY CENTRE

## VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What is your current occupation or activity? \_\_\_\_\_

How did you learn about the volunteer opportunities at Cecil?  Flyer  Newspaper

Posting at School  Volunteer Toronto  Friend/Relative  Other:

### VOLUNTEER INTERESTS

What kind of placement or volunteer work are you interested in at Cecil?

- Youth Drop-In (min. age 20)  Sunday Children's Program (min. age 18)  
 EarlyON Child and Family Centre Program  Homework Support (min. age 16)  
 Adult ESL Tutoring (min. age 21)  Special Events  
 Other: \_\_\_\_\_

### PREVIOUS EMPLOYMENT and/or VOLUNTEER EXPERIENCE

( If the information is on your resume, please feel free to attach it to this application)

Year	Organization	Job/Placement (Describe briefly)

**DAY AND TIME AVAILABILITY**

Are you available to volunteer each week for two or more hours?

Are you prepared to commit a minimum of six months to the program?

Please indicate below which days & times you are available for volunteer work:

Time	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening						CLO	SED

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes  No

I hereby state that the above information is true to the best of my knowledge:

\_\_\_\_\_

Applicant Signature Date

Note: If you are 17 years of age or under, a parent/guardian signature is required.

I give permission to my daughter/son to volunteer at Cecil Community Centre.

\_\_\_\_\_

Parent/Guardian Signature Relationship to Applicant

REFERENCES (Please provide the name and phone # of at least two, non-family, references below)

Name	Email / Phone #	Relationship to you