

Contact Information

Name:

Address: Street Unit/Apt. City PC

Phone: Cell Business Ext.

E-mail: Best Time/Method to contact you:

Please check here authorizing Community Living Chatham-Kent to send correspondence via e-mail for fundraising and promotional purposes

Emergency Contact Information: Name Relationship Phone #

Volunteer Opportunities

Please check your areas of interest:

- Bingo
- Friendly Visiting
- Horticulture
- Fundraising/Events
- Hair/Nail Makeovers
- Tutoring
- Committees
- Transportation (Special Events)
- Swimming
- Day Programs
- Clerical
- Lottery Calendar Sales

Availability

Please check your times/days of availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You

Special Skills/Talents:

Other Volunteer Experience:

Motivation for Volunteer Service:

- Accumulation of Volunteer Hours
- Possible Employment Leads
- Extra Spare Time
- Possible Career

	Name	Phone	Relationship to you
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permission to release information:

I authorize Community Living Chatham-Kent to contact the references noted above in order to provide additional information which will assist in the matching process between volunteer/volunteer positions.

Month Day Year

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 Signature