

Date: _____

PO Box 1387 St. Catharines ON L2R 7J8

Administration 905.684.4000

Fax 905.684.7694

www.gilliansplace.com



GILLIAN'S PLACE
empowering abused women of niagara

SERVING ST. CATHARINES & NORTH NIAGARA

VOLUNTEER APPLICATION FORM

Contact Information

Name: _____

Address: _____

City

Province

Postal Code

Telephone (home)

(office)

E-Mail address: _____

In Case of Emergency

Name: _____

Telephone Number: _____

Language(s) Spoken

We would like this information to better serve our culturally diverse clients. This will not be used in determining qualifications for a volunteer position.

English

French

Other: _____

Availability

Times you would generally be available for training and giving volunteer service

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Comments: _____

Date: _____

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Talents, interests, other skills:

Educational background:

Program / area of study:

Volunteer Experience

Organization	Position Held	Length of Involvement

Is there a particular volunteer position you are interested in?

References (professional, other than your family e.g. teacher, supervisor, co-worker)

	Name	Phone Number	Relationship to you
1			
2			
3			

I, _____ give Gillian's Place permission to contact my references listed on this application form.

Applicant's signature

Date

I understand that, if accepted, my placement as a volunteer at Gillian's Place may be terminated at any time at the discretion of the Agency. I understand that a minimum time commitment per month will be required of me. I understand that a current Police Record Check must be shown to the Volunteer Coordinator.

Comments

Applicant's signature

Date