



40 Samor Rd., Toronto, ON M6A 1J6, Tel: 416 633-5775, Fax: 416 630-2236

www.aptustc.com

Application to Volunteer

Name (first / middle / last):	Date of Application:
Street Address:	Home Phone:
	Business / Cell Phone:
City/Prov/ Postal Code:	Date of Birth (DD/MM/YY):

Availability

Please indicate the days you are available by providing the number of hours per day you would volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Which position are you interested in?

- Program Volunteer
 Administrative Volunteer
 Special Events Committee
 Other, please specify: _____

Which Location? _____

Skills and Interests

Current/Previous work or occupation title:	
Previous volunteer experience:	What?
	Where?

Hobbies, interests, skills:	
Special training, certification:	
Why do you want to volunteer?	

Education

Circle highest level of education completed:

Grade School 6 7 8	High School 9 10 11 12 13
College/University 1 2 3 4	Beyond (please specify):

References

Name:	Phone:
Organization/Relationship:	Address:

Name:	Phone:
Organization/Relationship:	Address:

I understand that I am not an employee of the Aptus Treatment Centre, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Aptus Treatment Centre for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

The above information collected by the Aptus Treatment Centre is for the sole purpose of determining candidate qualifications for volunteer position(s). All information will be securely maintained.

Signature: _____ **Date:** _____

Parent/Guardian signature (if under 18 years of age): _____