

TITLE OR TYPE OF SERVICE: _____

FROM:

TO:

(Please use back of this sheet if you wish to expand upon other work or volunteer experience.)

WHAT HOBBIES OR SPECIAL INTERESTS DO YOU ENJOY?

1. How did you become aware of the North of Superior Counselling Programs' Volunteer Services Program? (i.e., ads on television, radio, newspaper)

2. Why are you interested in doing volunteer work for the North of Superior Counselling Programs Volunteer Program?

3. What do you hope to contribute to the work at the North of Superior Counselling Programs?

4. What do you hope to gain from being a volunteer worker here?

5. I can commit _____ hours per week.

I can make a one year commitment: Yes: _____ No: _____

6. Do you have transportation: Yes: _____ No: _____

Please give three references, either in the community or in a past/present working situation.

NAME: _____ **Phone:** _____ **Relationship:** _____

NAME: _____ **Phone:** _____ **Relationship:** _____

NAME: _____ **Phone:** _____ **Relationship:** _____

Personal History/Additional Information

If you do not have work or volunteer experience, please include any information about yourself that you feel would help us in our selection process. (Please use back of sheet if necessary).

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTE: TO BE ACCEPTED AS A VOLUNTEER AT THE NORTH OF SUPERIOR COUNSELLING PROGRAMS APPLICANTS MUST PROVIDE A COMPLETED CRIMINAL REFERENCE CHECK.

For office use only:

Program: _____

Availability: _____

Comments:

Specific Duties:

Director to provide supervision:
