



Volunteer Application Form



Name: _____

Address: _____

(Street)

(Apt.)

(City)

(Postal Code)

Telephone: Home: _____ Work: _____

Fax: _____ E-mail: _____

Gender: M F

Date of Birth (Optional—For Statistical Purposes only) _____ / _____ / _____
M D Y

Languages Spoken:

English: Italian: Cantonese: German: Hindi:
French: Mandarin: Spanish: Tamil: Other: _____
(specify)

Emergency Contact:

Name: _____
Telephone: _____
Relationship: _____

Please tell us briefly why you would like to volunteer with MDAO:

Please describe briefly your previous volunteer and/or work experiences:

Please describe the kind of volunteer experience you would like to have at MDAO. Be specific as possible.

Availability:

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Skills Profile:

Check the skills that you could confidently use in a volunteer role at MDAO:

- Accounting: MS Word: MS Excel: MS Outlook: Powerpoint:
- Leadership: Marketing: Reception: Data Entry: Fundraising:
- Communication/
People Skills: General Office
Work : Public
Relations: Group
Facilitation: Telephone
Support:

Writing/Editing: Internet/Email: Other (Please specify): _____

References (Please list 3, including work, volunteer and personal)

Name	Full Mailing Address	Telephone #	Relationship

A police records check is required for some volunteer positions. Would you be willing to have a security check?

- Yes No

Thank you for completing this form. By signing below, you are granting MDAO permission to contact the above references.

Signature

Date