



APPLICATION FOR VOLUNTEERING (please print)

CONTACT INFORMATION		
First Name:	Last Name:	Salutation (please circle): Mr. Mrs. Ms. Miss
Address:		
City:	Postal Code:	
Home Number:	Mobile/Work/Other Number:	
Email:	Are you under the age of 18? Yes No	
EMERGENCY CONTACT		
Name:	Relationship:	
Phone Number:	Other Contact Number:	

Volunteer Opportunities: Please indicate which volunteer opportunities are of interest to you:

Recreation Programs <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Afternoon Social <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Bingo <input type="checkbox"/> Bus Outing <input type="checkbox"/> Evening Social <input type="checkbox"/> Exercise <input type="checkbox"/> Friendly Visiting	<input type="checkbox"/> Library Assistant <input type="checkbox"/> Reading Club <input type="checkbox"/> Special Events <input type="checkbox"/> Sunday Liturgy <input type="checkbox"/> Walking Club Resident Care <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Restorative Feeding <input type="checkbox"/> Walking Assistance	Retail <input type="checkbox"/> Gift Shop Administration <input type="checkbox"/> Data Entry <input type="checkbox"/> General Office Work House Keeping/Maintenance <input type="checkbox"/> Plant Care/Gardening <input type="checkbox"/> Seasonal Decorating
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Languages: English – Write Speak Ukrainian – Write Speak Other – _____

How did you hear about us and our volunteer opportunities?

Volunteer Toronto Referral by Staff Other, please specify below:
 Charity Village Referral by Volunteer _____
 Care Centre Newsletter St. Demetrius Website

Computer Skills: Microsoft Word Excel PowerPoint Publisher Photoshop Other: _____

Hobbies/Interests: _____
(MUSIC, CRAFTS, PHOTOGRAPHY, ETC.)

Skills/Talents: _____

Please return completed application forms to: Development Office, 60 Richview Road, Toronto, ON M9A 5E4
Phone: (647) 725-0844 ~ Fax: (416) 243-7452 ~ Email: volunteer@stdemetrius.ca

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