

Volunteer Application Form

Name: _____ **Date:** _____

Address: _____

Email: _____ *invitation to Orientation session will be sent to this email.*

Phone (H): (____) _____ - _____ **Mobile:** (____) _____ - _____

In case of an emergency, as an Abrigo volunteer, whom should we contact?

Name: _____ Relationship: _____

Phone (H): (____) _____ - _____ Cell: (____) _____ - _____

I would be available (days/hours):

<input type="checkbox"/> Monday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 1 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 1 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 1 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 1 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Friday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 1 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Weekends	(for special events)		

I will be committed for:

6 months 6 months to 1 year 1 year or more

I speak:

Portuguese English other, please specify: _____

I would like to volunteer for: (please choose all that apply)

Seniors Program Flexible to new tasks Form Filling

Fundraising/**Special Events/Bingo** Wellness calls

Comments: (specials skills)

I want to volunteer because:

How did you hear about us- Abrigo Centre?

() Social Media () Friends/relatives () I'm a client or former client
 () other: _____

Thank you