

SPOKEN HOPE MEMBERSHIP APPLICATION

| | | |
|---|------------|---------------------------------------|
| Date | First Name | Last Name |
| Home Address | | City and Province |
| Postal Code | | |
| Home Phone Number | | Cell Phone Number (if applicable) |
| Email Address (if applicable) | | Best Time and Day to Contact by Phone |
| Emergency Contact Name | | Phone Number |
| Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please tell us about your current and previous volunteer experiences: | | |
| Please indicate your availability (check all that apply) Week Day Mornings: <input type="checkbox"/> Week Day Afternoons: <input type="checkbox"/> Week Day Evenings: <input type="checkbox"/> Weekends: <input type="checkbox"/> Anytime: <input type="checkbox"/> | | Hobbies/Interests |
| Please indicate <u>any</u> additional training/education/experience that you would like us to know about: | | |

Volunteer Application Form

-2-

| | |
|---|-------------------|
| References Please provide at least one work/volunteer reference and one personal, non-family reference. A third reference may be provided from work, volunteer, personal or family sources. | |
| 1. Work/volunteer reference | |
| Name | |
| Address | City and Province |
| Postal Code | Email address |
| Phone | Relationship |
| 2. Personal reference (non-family preferred) | |
| Name | |
| Address | City and Province |
| Postal Code | Email address |
| Phone | Relationship |
| 3. Work, volunteer, personal or family reference (optional) | |
| Name | |
| Address | City and Province |
| Postal Code | Email address |
| For internal use only | |