



## SOCIETY-SUPPORT VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) Gender: M F

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Current/Recent Employment: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

How did you hear about AHS? \_\_\_\_\_

What attracted you to AHS? Is there any particular aspect of our work that motivates you? \_\_\_\_\_

Goals and reasons for applying: \_\_\_\_\_

Previous volunteer work (organization, dates & responsibilities): \_\_\_\_\_

Is there anything that would interfere with your ability to perform certain types of volunteer tasks? (eg. physical limitations)

### Identification

Please include a copy of 2 pieces of identification. One primary identification (Drivers License, BCID, Passport) and one secondary identification (Bank Card, Care Card, School ID, Employee ID).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*