

VOLUNTEER APPLICATION FORM



Female Male New Volunteer Returning Volunteer

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE # (DAY): _____ OR CELL #: _____ PHONE # (EVENING): _____ BEST TIME TO CALL: _____

E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE #: _____

INTO WHICH AGE RANGE DO YOU FALL?

16-20 21-30 31-40 41-50 51-60 60 & over

Do you have a valid driver's license? _____

LANGUAGES SPOKEN:

English: Spoken Written Related training or experience: _____

French: Spoken Written _____

Other: _____

Spoken Written

PREFERRED SHIFTS:

Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

Put my name in your Back up Lists: availabilities

Any time: _____ Mornings Afternoons Evenings

TYPE OF WORK PREFERRED:

Administrative Support Front of House Drivers/Shuttle
 Hospitality & Information Transportation Dispatch Team Captains/Senior Volunteers

VISIT MNTF WEBSITE FOR FURTHER INFORMATION ABOUT VOLUNTEER POSITIONS.

Do you have any other skills, licenses; experience that you feel would be especially helpful in volunteering with MNTF

First Aid Yes No **Other skills, licenses:** Yes No _____

REFERENCES:

1. NAME: _____ 2. NAME: _____

PHONE #: _____ PHONE #: _____

YOU MIGHT BE REQUESTED TO COMPLETE A POLICE RECORD CHECK. DO YOU AGREE? Yes No