



VOLUNTEER APPLICATION FORM

The Quintilian Way of Kingston

PERSONAL INFORMATION							
Last Name:		First Name:			Birthdate:		Age:
Address:				City:		Postal Code:	
Home Phone:		Other Phone:			Email:		
How would you like to be contacted? Phone - When is the best time? AM PM Email				Occupation:			
Emergency Contact Name:		Emergency Contact Phone:		Relation to you:			
Do you currently have a CPIC for volunteering with children? Yes, I do No Not yet, but I am willing to get one							
VOLUNTEER PROFILE							
Previous volunteer experience? No Yes. Where?		Are you applying to perform volunteer work for Personal Interest School * We are unable to accommodate court mandated volunteer hours at this time					
		Do you have any special skills or training that you believe would benefit QWAY (i.e. first aid, event coordination, etc.):					
AVAILABILITY							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM