



Community Living
VICTORIA

VOLUNTEER AND PRACTICUUM STUDENT APPLICATION FORM

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS _____

Current occupation: _____

Experience with children or adults with special needs: _____

Special skills and/or training: _____

Hobbies and leisure interests: _____

How can people supported by CLV benefit from your experience, education, skills, interests
and qualities? _____

What are your goals in volunteering? _____

Please check off the areas of interest to you:

- community outings organizing social events special events
 visiting entertainment music enjoyment
 sporting events rec/leisure mealtime prep
 baking one to one friendship gardening
 arts/crafts communication sign language
 driving outings
 other (please list): _____

What is your availability?

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have any health concerns that may impact your ability to be a volunteer or pose a health risk to others? Yes No

All persons working or involved with people requiring care must provide the organization with a clear Criminal Record Check. Do you have a recent Criminal Record Check?
Yes No If yes, please attach. If no, you will need to obtain one.

Do you have a valid driver's license? YES NO Class _____

For what period of time are you prepared to commit yourself as a volunteer for CLV?

Please list two people that we may contact for a character reference:

NAME	TELEPHONE #	RELATIONSHIP	# OF YEARS KNOWN

All information provided, to the best of my knowledge is accurate.

Signature

Date