



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?

