



VOLUNTEER AND PRACTICUM STUDENT APPLICATION

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

Current occupation: _____

Experience with children, youth 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 is your goal in volunteering?

Please check off the areas of interest to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Community outing | <input type="checkbox"/> Organizing social events | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Music enjoyment |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Recreation/leisure | <input type="checkbox"/> Mealtime prep |
| <input type="checkbox"/> Baking | <input type="checkbox"/> One to one friendship | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Communication | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Outings | <input type="checkbox"/> Appointments |

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 ___.

The Adult Care Regulations require that all persons working or involved with people requiring care provide the organization with a clear Criminal Record Check. Do you object to either of these?

Yes _____ No _____

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