



Units 108 1020 Denison Street
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VOLUNTEER APPLICATION FORM

Please Note: New this year, there will be a minimum pledge amount of \$35

Last Name:		First Name:	
Chinese Name (optional):		Sex:	
Address:			
City:		Postal Code:	
Tel.:		Work / Cell:	
E-mail:		Other:	
I would like to participate in: <input type="checkbox"/> Booth / Mall Displays <input type="checkbox"/> Office Operations <input type="checkbox"/> Researching Resource Information on Developmental Disabilities <input checked="" type="checkbox"/> Special Event _____		I am available: <input type="checkbox"/> Weekday mornings M T W Th F <input type="checkbox"/> Weekday afternoons M T W Th F <input type="checkbox"/> Weekday evenings M T W Th F <input type="checkbox"/> Weekend mornings Sat Sun <input type="checkbox"/> Weekend afternoons Sat Sun <input type="checkbox"/> Weekend evenings Sat Sun	
For an applicant under 16 years of age, parent's or guardian's signature is required. Parent's /Guardian's Signature: X _____		<input type="checkbox"/> I am a high school student working to fulfill 40 hours of community service.	
Date: _____		Date: _____	
Signature of applicant: X _____		Date: _____	

EMERGENCY CONTACT INFORMATION

Last Name:		First Name:	
Mr. / Mrs. / Ms		Relationship:	
Tel.:		Work / Cell:	

FOR OFFICE USE

<input type="checkbox"/> Documents of Police Reference Check required (at the discretion of Spirit of Life as per the nature of each event).			
Interviewed by (print your name):	Date:	Placement:	<input type="checkbox"/> Police Check presented & validated
Orientation by (print your name):	Date:	Comments:	
Resignation Reason:		Resignation Date:	
Exit Interviewed by (print your name):		Date:	