

Volunteer Application

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
Email	
Group Number, Commencement date	

Availability (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Commitment Level

I will commit to volunteering ___ (hours/days) per ___ (week-month-year)

Volunteer Opportunities, (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> General office, (clerical) | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Fifth Steps | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Phone Bank | <input type="checkbox"/> Pancake Luncheon |
| <input type="checkbox"/> Celebrity Golf | <input type="checkbox"/> Longest Day of Golf |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Picnic | <input type="checkbox"/> Children's Christmas |

Please outline previous experience or special skills for opportunities checked.

Person to notify in case of emergency

Name	
Street Address	
City & Postal code	
Work Phone	
Home Phone	
Email	

Agreement & Signature

I _____ having reached the age of majority affirm the information provided in this application is correct and complete. I understand and accept that any false information, omissions or misrepresentations may preclude me from volunteer opportunities at Westover Treatment Centre.

I further agree to abide by all policies and procedures of the Westover Treatment Centre. I will respect the confidentiality of all clients and staff and will save harmless Westover Treatment Centre, its staff, Board Members and volunteers from any loss, accident or injury resulting from my volunteer participation.

Name, (Please print) _____

Date _____ (Day-Month-Year)

Signature _____

Our Policy

It is the policy of the Westover Treatment Centre to provide equal opportunity without regard to race, colour, religion, gender, sexual orientation, age or disability.

Thank you for completing this application and your interest in volunteering at Westover. Please mail completed application form to:

*Westover Treatment Centre
P.O. Box 8
Thamesville ON, N0P 2K0*

Or

Call Patrick Davis at 519-692-5110 or fax to 519-692-5110 or pdavis@westover-fdn.org