



VITANOVA

Yes, I want to be a Vitanova volunteer...

Please complete this form and submit it by fax to 905 850 3835, to the attention of the Volunteer Coordinator. Alternatively, email it to info@vitanova.ca, requesting it be forwarded to the Volunteer Coordinator.

VOLUNTEER APPLICATION FORM

Name [print]: _____

Home address: _____

_____ Postal code: _____

Home telephone: _____ Mobile: _____

Work: _____ [Leave blank if you do not want to be called at work]

Please indicate with a check (✓) when you might be available to serve.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

To help us match your skills to our needs, tell us a bit about yourself. What sort of paid work you do currently? What kind of paid work you have done in the past? Have you done any type of volunteering before, and of what sort?

Signature: _____ Date: _____