



# Abilities Centre Volunteer Application (Adult)

**NAME:** *Please circle:* Mr. Mrs. Miss Ms.  
\_\_\_\_\_  
LAST NAME FIRST NAME

**ADDRESS:** \_\_\_\_\_  
NUMBER/STREET/APARTMENT  
\_\_\_\_\_  
CITY, PROVINCE POSTAL CODE

**TELEPHONE:** HOME ( ) \_\_\_\_\_  
BUSINESS ( ) \_\_\_\_\_  
CELL ( ) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please list your skills/education/training that you feel would be applicable:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous volunteer experience:**  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**  Morning  Afternoon  Evenings  Weekends  
**DAYS AVAILABLE:**  Monday  Tuesday  Wednesday  
 Thursday  Friday  Saturday

**How did you hear about the Abilities Centre?**  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to volunteer at the Abilities Centre?**  
\_\_\_\_\_  
\_\_\_\_\_