



# Abilities Centre Volunteer Application (Student)

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

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

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

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

Students must be a minimum of 16 years of age.  
HIGH SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
UNIVERSITY/COLLEGE \_\_\_\_\_ YEAR \_\_\_\_\_

**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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Why do you want to volunteer at the Abilities Centre?

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The following section is for completion by a parent or guardian if a student is under the age of 18.

My daughter/son \_\_\_\_\_, has my permission to serve as a volunteer at the Abilities Centre.

PARENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_