



For Office Use

D M Y

7101 Du Parc Avenue, Suite 100, Montreal QC H3N 1X9
 Tel.: 514.843.4333 Fax: 514.843.8211
 www.enfant-retourquebec.ca

Volunteer Application Form

Personal Information

Name: Last _____ First _____ Date of Birth: Day _____ Month _____ Year _____

Address: Number _____ Street _____ Apt./Suite _____

City _____ Province _____ Postal Code _____ - _____

Phone: () _____ - _____ Cellular: () _____ - _____

Pager: () _____ - _____ Fax: () _____ - _____

Email: _____

S.I.N. _____ - _____ - _____ Medicare Number: _____

Languages Spoken: English French Other _____

In which language would you like to receive your mail? _____

Do you have use of a car? Yes No

Employment Information

Address: Number _____ Street _____ Apt./Suite _____

City _____ Province _____ Postal Code _____ - _____

Phone: () _____ - _____ Ext.: _____ Fax: () _____ - _____

Can we contact you at work? Yes No When is the best time of day to reach you? _____

Employment Experience

Company	Occupation	Dates

Previous Volunteer Experience

Name of Organization: _____

Contact Person: _____ Phone Nbr. () _____ - _____ Ext.: _____

Additional Information

What life and academic skills do you possess that you feel will help you as a volunteer?

What are your reasons for volunteering?

What are your expectations from volunteering for Enfant-Retour Québec?

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there months during the year that you are not available? If so, which ones?

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list three references.

Name	Telephone Number

In case of emergency, please contact:

Name	Relation	Telephone Number

I understand that if my police check indicates any criminal or penal offence, Enfant-Retour Québec will have no other recourse but to refuse my application to volunteer.

Applicant's Signature: _____ Block Letters: _____ Date: _____

N.B. When the application is completed, please return it by fax to 514.843.8211 or by mail to Enfant-Retour Québec, 7101 Du Parc Avenue, Suite 100, Montreal, QC H3N 1X9 Attention: Volunteer Coordinator.