VOLUNTEER APPLICATION



PERSONAL INFORMATION			
NAME			
MAILING	ADDRESS		
CITY, PROVINCE			
POSTAL CODE			
HOME PHONE NO.			
CELL PHONE NO.			
E-MAIL ADDRESS			
DATE OF BIRTH (D/M/Y)			
INTERESTS			
Please in	ndicate which of	the following area(s) you are interested in volunteering.	
00000	First Steps Child Donation Room Administrative Client Program Client Activities Other:	Support	
Please in	adicate the types	EDUCATION AND TRAINING of education and training acquired to date.	
1 10abe 11	idicate the types	of education and training acquired to dute.	
	University	Name, City:	
		Focus, Dates:	
	College	Name, City:	
		Focus, Dates:	
	High School	Name, City:	
		Focus, Dates:	
	Other	Name, City:	
		Focus, Dates:	
1			

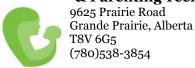
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WORK/VOLUNTEER EXPERIENCE			
Please list your work experience, beginning with your most recent position.			
EMPLOYER			
CITY, PROVINCE			
POSITION HELD			
DATES OF EMPLOYMENT			
EMPLOYER			
CITY, PROVINCE			
POSITION HELD			
DATES OF EMPLOYMENT			
EMPLOYER			
CITY, PROVINCE			
POSITION HELD			
DATES OF EMPLOYMENT			
SPECIAL SKILLS			
Briefly describe or list skills and abilities you have that you feel may be a benefit and			
may contribute towards the betterment and success of the Society.			
REFERENCES			
Please list two references (not relatives) that we may contact.			
NAME, CITY			
PHONE NO.			
NAME, CITY			
PHONE NO.			
All the information I have	e provided in this application is true and I authorize the Volunteer		
Coordinator of The Society for Support to Pregnant & Parenting Teens to contact and request information from the references I have named.			
mormation from the references r have hamed.			
Signature	Date		

The Society for Support to Pregnant & Parenting Teens

VOLUNTEER APPLICATION



HOW TO BECOME A VOLUNTEER

