



**United Way**  
Perth-Huron

Change starts here.

32 Erie St. Stratford, N5A 2M4  
Tel. (519) 271-7730 Fax (519) 273-9350

Save form then email to:  
[info@perthhuron.unitedway.ca](mailto:info@perthhuron.unitedway.ca)

# VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the United Way Perth-Huron. Please complete this form to help us match your skills and interests with a suitable volunteer position. This application and related information will remain confidential. This application is confidential once completed.

## Basic Information

DATE:		NAME:	
ADDRESS:			CITY:
PROVINCE:			POSTAL CODE:
TELEPHONE NUMBER Home:		Work:	
FAX NUMBER:		E-MAIL:	
GENDER:            Male <input type="checkbox"/> Female <input type="checkbox"/>		OCCUPATION/TITLE:	
PLACE OF EMPLOYMENT:		LANGUAGES SPOKEN:	
DATE OF BIRTH: (optional)			

## Emergency Contact

Name:			
Address:			
City:	Province:	Postal Code:	
Telephone Number Home:		Work:	
Relationship to Applicant:			

## Volunteer Information

Why are you interested in volunteering with the United Way Perth-Huron?

Do you have any past volunteer experience? If yes, please list and briefly explain.

What skills and abilities do you possess that would benefit the United Way Perth-Huron?

Is there a particular type of volunteer work that you would be interested in? (Please check all that apply.)

Office Support <input type="checkbox"/>	Special Events <input type="checkbox"/>	Program Review and Allocations Committee (PRAC) <input type="checkbox"/>	
Fundraising <input type="checkbox"/>	Building Community Awareness <input type="checkbox"/>	Campaign Team <input type="checkbox"/>	Property Management Committee <input type="checkbox"/>
Board of Directors <input type="checkbox"/>	Social Research & Planning Council <input type="checkbox"/>	Other (please explain):	

What are some of your interests?

<b>When would you be available to volunteer?</b> (Please check all that apply.)		
Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Evenings <input type="checkbox"/>
Mondays <input type="checkbox"/>	Tuesdays <input type="checkbox"/>	Wednesdays <input type="checkbox"/>
Thursdays <input type="checkbox"/>	Fridays <input type="checkbox"/>	Saturdays/Sundays <input type="checkbox"/>

<b>How did you learn about United Way Perth-Huron's volunteer opportunities?</b>		
Advertisement <input type="checkbox"/>	Volunteers in Perth <input type="checkbox"/>	Member Agency <input type="checkbox"/>
United Way website/FaceBook <input type="checkbox"/>	Personal Referral <input type="checkbox"/>	Other (please specify)

**References**

**Please provide two references:**

1	Name:
Telephone Number Home:	Work:

Relationship:

2	Name
Telephone Number Home:	Work:

Relationship:

\_\_\_\_\_  
 Signature of Applicant
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian  
 (if under 18 years of age)
 \_\_\_\_\_  
 Date