

# Volunteer Application Form



Alternatives  
for Women

All volunteers will be expected to complete a vulnerable sectors check.

## Personal Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Reasons for volunteering with AFW

Gain Work Experience

Interested in Community Involvement

Mandatory Community Service

School Requirement

Desire to Help Others

Other: \_\_\_\_\_

## Volunteer Experience

Have you volunteered previously?    No    Yes    What did you do and for whom? \_\_\_\_\_

What did you like about it? \_\_\_\_\_

What did you dislike about it? \_\_\_\_\_

## Skills and Interests

How did you hear about us? \_\_\_\_\_

Please check the days and times  
that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please return to [info@alternativesforwomen.ca](mailto:info@alternativesforwomen.ca)