



Volunteer Application Form

PERSONAL INFORMATION

Title: _____ Surname: _____ Given Name: _____ Initial: _____

Address: _____ Apt/Suite/Unit: _____

City: _____ Province: _____ Postal Code _____

Age Group: 18- 25 26-55 56-64 64+ How long have you lived in the GTA : _____

Home Phone: _____ Office Phone: _____ Cell Phone : _____

Email: _____ Language(s) spoken fluently : _____

EMERGENCY NOTIFICATION

Name: _____ Relationship : _____

Contact Info: Home: _____ Office: _____ Cell _____

VOLUNTEER/ WORK EXPERIENCE SKILLS

Volunteer Experience: _____

Employment Experience: _____

Work Skills: _____

TIME AVAILABILITY

Day/Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

WORK LOCATION PREFERENCE(S)

Union Station - Arrivals

Union Station – Departures

Union Station- Office

Why have you considered Travellers' Aid for a volunteer experience?

How did you hear about Travellers' Aid?

FOR OFFICE USE ONLY

Referred to : _____ Interview Date : _____

Start Date : _____ Placement Location : _____

Shift _____ Comments: _____

PRIVACY STATEMENT

THIS PERSONAL INFORMATION WILL BE TREATED AS CONFIDENTIAL BY TRAVELLERS' AID AND WILL NOT BE SHARED WITH ANY OTHER OUTSIDE PARTIES.

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