

**Montreal:**  
5167, Jean-Talon East  
Suite 370, Montreal, Qc  
H1S 1K8  
Tel: (514) 593-4303  
Fax: (514) 593-4659

# OFFER OF SERVICE VOLUNTEER

**Quebec:**  
2360, Chemin Ste-Foy  
Suite 450, Ste-Foy, Qc  
G1V 4H2  
Tel: (418) 650-2105  
Fax: (418) 650-2164

(Please indicate the city)

MONTREAL  QUEBEC

Date:		First Name and Last Name:			
Address:		App. #:	City:		Province:
Postal Code:		Telephone (home):		Telephone (office):	
Cellular:		Drivers Licence #:			
Date of Birth:		Do you have any experience as a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Choice of volunteer activity: <input type="checkbox"/> Activities with children <input type="checkbox"/> Computer work <input type="checkbox"/> Other work <input type="checkbox"/> Events <input type="checkbox"/> Transportation					
Full Time: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend and Day <input type="checkbox"/> Weekend and Evening					
Please specify the days:					
Part Time: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend and Day <input type="checkbox"/> Weekend and Evening					
Please specify the days:					
Reason why you like to do volunteer work:					
Employment Reference: (Name of the person in charge)				Telephone:	
Name of the company:				Lenght of employment:	
Name of a person who has known you for at least 5 years:					
<i>I authorize the organization to verify the information that I have provided.</i>					
Signature:					
Date:					
<b>Reserved for administration</b>			Date:		
Name:					
Signature:					
After verification, accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No			Position:		
Specify the event:			Start Date:		
Comments:					
Approved by the director:			Date:		