MONTREAL
5167, Jean-Talon East
Suite 260, Montreal (QC)
H1S 1K8
Tel : (514) 593-4303
Fax: (514) 593-4659

SERVICE OFFER

VOLUNTEER

Montreal ☐ ☐ Quebec

Please indicate the city

QUEBEC
650, Graham Bell Street
Suite SS-08, Quebec (QC)
G1N 4H5
Tel : (418) 650-2105
Fax : (418) 650-2164

Your information :	First and Last Names : Full Address : Home phone number: Work phone number: Cell phone number : E-mail :
Drivers License #:	
About your experience:	Do you have any experience as a volunteer? Reason why you like to do volunteer work:
Choice of volunteer activity:	Activities with children, Computer work, Events, Transportation, Other? (Choose all applicable)
Schedule Preferences:	Day and/or evening and/or weekend? Please specify the days: Number of hours :
Employment reference:	Position held : Length of employment : Name of the Company : Name and phone number of supervisor:
Personal reference:	Name of a person who has known you for at least 5 years: Phone number :
Authorization :	*I authorize the organization to verify the information that I have provide.* *Signature :* *Date :*
RESERVED TO THE ADMINISTRATION :	**Signature :** **Date :** **After verifications, is the volunteer accepted? (yes or no) :** **Start date :** **Specify the event :** **Specify the position :** **Director's approbation :** **Date :**