

# ROCKHAVEN VOLUNTEER APPLICATION FORM

## PERSONAL INFORMATION

Name:		
Address:		
Phone Number - Home:	Work:	Cell:
Email Address:	D.O.B.:	

## FOR STUDENTS ONLY

Name of School:	School Phone Number:
Contact Person:	Fax Number:
Parent/Guardian (print):	Parent/Guardian Signature:
Parent/Guardian Home Phone:	Parent/Guardian Business Phone:

## AVAILABILITY: (please use check marks - use back of sheet if clarification is required)

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Please indicate what area you would like to volunteer for:

Fundraising       Public Relations       Board of Directors       Administration

Please briefly describe any volunteer/work experience you have had that would benefit Rockhaven:

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Why have you chosen Rockhaven for your volunteer experience?

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Have you ever been convicted of a crime? If yes, please give date and nature of the offense (a criminal record will not necessarily disqualify an applicant):

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

\_\_\_\_\_  
Date

*\*By signing, I certify that the answers given are correct and complete; I understand that misrepresentation or omission may lead termination.*

Please Return this application to:

Rockhaven  
402 Brady St., Sudbury, ON P3B 2P6  
Fax #: (705) 671-8069