

# **VOLUNTEER APPLICATION FORM**

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead

## **PERSONAL INFORMATION**

Last Name			First Name						
Street		City		Province		Postal Code			
Home phone number	Home phone number Work phone number			E-mail					
Languages spoken			Languages written						
If you have a physical or me	ental disability, ho	w may we acc	ommodate you?						
In case of an emergency,									
please notify	Name		Relationship		Phone Num	ıber			

### **AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning									
Afternoon									
Evening									
		-		Twice a mont					
How often would you like to		Once a m	Once a month O		n O	Three times a month O			
vo	lunteer?	Other (Pl	ease specify):						
Would you lil	ke to volunteer fo	or Special Ev	rents O	Library Desk	0	Cataloguing/B	ookbinding ${f O}$		
Other (please	e specify):								
If you would I	like to volunteer f	for the library	desk, please let	us know how					
well you know English-language literature and your reading interests.									
Please indicat	Please indicate when you are not available to volunteer. (i.e. vacation)								

### **SKILLS AND EXPERIENCE**

Fundraising	0	Clerical	0	Organizational	0	Computer	Ο	Communications	Ο
Creative ideas	0	Library	0	Entertainment contacts	0	Team worker	0	Other (specify)	_

#### **MAIN REASON FOR VOLUNTEERING**

Academic credit O	Help others	0	Employment experience	0	Stay active & involved ${f O}$	Practice English	0
Social interaction ${f O}$	Learn new skills	Ο	Relative/friend volunteers	0	Other (specify)		

Signature	Date

Please send the completed form to: Morrin Centre, 44 chaussée des Écossais, Québec, Québec GIR 4H3. For more information on our mission and projects, call us at 418 694-9147 or visit our website at www.morrin.org.