

Family Transition Place Volunteer Application

Personal Information					
Name:					
Address:					
Phone (H):	Phone (W):				
Email:	Emergency Co	ntact:			
Emergency Phone:	What i	What is their relationship to you?:			
Skills and Interests					
Education and Background:					
Do you need volunteer hours for school/career adva Current occupation or level in school:	ancement?	YES	NO		
If not currently working, are you actively looking for v	work?	YES	NO		
Hobbies, Interests, Skills:	WOIR!	120			
Computer Knowledge:					
Languages Spoken:					
Languages Written:					
Availability					
 Family Transition Place (FTP) requests a minimum v one year (from date of first volunteer meeting) average of two hours/week (different composition) 					
During what times are you available to volunteer?	Weekends				
Other: Times unavailabl	le:				
Preferred locations:	Bolton	Caledon	E Flexible		

Safety. Support. Hope. Building healthier communities - one relationship at a time.



20 Bredin Parkway, Orangeville, Ontario L9W 4Z9 tel 519-942-4122 fax 519-942-8243 www.familytransitionplace.ca Charity BN: 107376378RR0001





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 Adults Ch References How did you hear about F Friends/volunteer Special event Please list a name and pl Name: Name: 	TP?	ency Staff Committees	
References How did you hear about F	TP?	Promotion/advertising	
References How did you hear about F	FTP?	· _	
References How did you hear about F	-TP?	· _	
References		ency Staff Committees	
	nildren [_] Ag	ency Staff Committees	
☐ Adults ☐ Ch	nildren 🔄 Ag	ency Staff Committees	
 Working one-on-one Providing service to s Fundraising, special e Communications and Office duties Special projects No preference Other: Is there a specific group y 	several clients events I marketing you are particularly int	-	
Is there a particular type		are interested in?	
Why are you interested ir	n volunteering with FT	ΤΡ?	

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