



# VOLUNTEER APPLICATION

18 years & under

*Revised 2017 09*

350 Industrial Pkwy S. Aurora, ON L4G 3V7  
Telephone: 905-727-6815 Fax: 905-727-1134  
Email: info@hospicekingaurora.ca

Name: \_\_\_\_\_  
first name last name

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you learn about us?  Friend/relative  Newspaper  Internet  other \_\_\_\_\_

What has triggered your interest in becoming an Hope House volunteer? \_\_\_\_\_

\_\_\_\_\_

## REFERENCES:

We require 2 reference checks for all volunteers. Please list two people (other than immediate family) who have known you for a minimum of two years.

Name	Relationship	Telephone	Email

## VOLUNTEER'S EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

**If you are under nineteen (19) years of age the following must be signed by your parent(s) or legal guardian(s).**

I \_\_\_\_\_ give permission for my son/daughter named above to volunteer at Hope House. I will support my son/daughter in this undertaking and will endeavour to help him/her fulfill his/her commitment to the program.

\_\_\_\_\_  
(Parent/guardian signature) Date: \_\_\_\_\_