

Name (Last, Middle, First)		
Address, City, Postal Code		
Is it convenient to telephone you at your place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	
Home Phone	Business Phone	
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	Do you have the use of a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What hobbies and recreational activities do you enjoy?

Have you any academic, other qualifications or experience(s) that you feel you could utilize as a volunteer?

Affiliation with community groups (service organizations, etc.)

Any previous volunteer experience?

How did you learn of our program?

My preference for volunteer involvement would be with?

Institution     Probation/Parole

Why do you wish to be a volunteer in this program? (For additional space, utilize the reverse of this form if necessary)

**References**

Reference 1 - Name (First, Last)	E-mail Address	Telephone Number
Address (City, Prov, Postal Code)		Occupation
Reference 2 - Name (First, Last)	E-mail Address	Telephone Number
Address (City, Prov, Postal Code)		Occupation

In making this application I hereby give the Ministry of Community Safety and Correctional Services authority to contact the persons named as references and to make enquiries with the police authorities as may be deemed necessary to ascertain my suitability as a volunteer.

Signature	Date (mm/dd/yyyy)
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