Volunteer Application

Amal
CENTER FOR WOMEN
CENTRE POUR FEMMES

Contact Information

☐ New volunteer ☐ Ancient volunteer
☐ Men ☐ Women

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Cell Phone	
E-Mail Address	

Languages

☐ French ☐ English ☐ Arabic ☐ Urdu ☐ Other: _____

Availability

During which hours are you available for volunteer assignments?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

How many hours a week are you available for volunteer assignments?_____

Driver licence

Do you have a driver licence? Yes⎫ No⎫
Do you have a car? Yes⎫ No⎫
Do you have access to a car? Yes⎫ No⎫

Interests

Tell us in which areas you are interested in volunteering. If you have any questions about any of these areas, please do not hesitate to contact us.

___ Administration
___ Events
___ Social Services
___ Fundraising
___ Deliveries
___ Graphic design
___ Community Outreach
___ Volunteer coordination
___ Children's program
___ Translation

Date of inscription