



Helping You Build a Better Future



VOLUNTEER APPLICATION FORM

First Name: _____ **Last Name:** _____

Street Address: _____ **Suite/Apt.:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____ (Home) _____ (Business) _____ (cell)

Fax: _____ **Email:** _____

What is your preferred method of contact? ___ mail ___ fax ___ phone ___ e-mail

Gender: ___ male ___ female

Have you volunteered at MicroSkills before? ___ Yes ___ No

If yes, when _____

How did you hear about MicroSkills?

___ Friend/family ___ Work place ___ Website ___ Word of mouth
___ Community event ___ Other (please specify) _____

Why do you want to volunteer at MicroSkills? Please explain

What day(s) and time(s) are you available to volunteer? ___ Day ___ Evening

___ Monday ___ Tuesday ___ Wednesday ___ Thursday
___ Friday ___ Saturday

Background Information: (please complete this section **and** attach a resume)

___ Employed ___ Retired ___ Student ___ Other (please specify) _____

What kind of volunteer work are you interested in?

Which Company/Organization are you affiliated with? Please briefly tell us about your work and / or past volunteer experience:

Please briefly tell us about your education:

Skills

Based on your experience and training which of the following skills would you like to offer
(Please select all that apply)

___ Event planning	___ Public Speaking
___ Project management	___ Mentoring
___ Administrative	___ Leadership
___ Fundraising	___ Languages: _____
___ Other (please specify) _____	

Thank you for your interest in volunteering with MicroSkills.

I hereby certify that the information included with this application form is true and complete.

Signature _____

Date _____