NORTH SHORE COMMUNITY SUPPORT SERVICES, INC.

SERVICE DE SOUTIEN COMMUNAUTAIRE DE LA RIVE NORD, INC.



Clul 90 VOLUNTEER APPLICATION FORM

Club 90 offers a variety of social/recreational activities for adults who suffer from mental illness. If you have an interest in people, a flare for crafts, a love of the outdoors or sports, Club 90 needs you.

We attempt to assign **VOLUNTEERS** to activities in which they feel they can utilise their talents and skills in a rewarding atmosphere and to help empower others. For us to gain a better understanding of you as a person and to determine which areas you could be most effective, would you kindly complete the following application form.

9			
TODAY'S DA	TE:		DATE YOU CAN START:
NAME: (pleas	se print)		
ADDRESS:			
DOB: (options	al need for police	check letter from	E.D.)
HOME PHON	E:		CELL:
EMERGENC	Y CONTACT:		PHONE:
PRESENT EN	MPLOYER/SCHO	OOL:	
ANY RELATED COURSES IN MENTAL HEALTH:			
Please indica	te any previous l	OLUNTEER or	relevant work experience.
	ges, other than E		speak?
•	•		ite which times are best?
Mornings	Afternoon	Evenings	Weekends
	,	_,,,,,,,,	

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Do you have a valid driver's license: YES NO Are you willing to drive clients? YES NO **AREAS OF PREFERRED INTERESTS: (CHECK 3)** Befriending Educational Talks Recreation □ Community Relations Fundraising □ Sports □ Crafts ☐ Music Dances □ Clerical □ Public Relations □ Other _____ Write a brief synopsis of why you would like to **VOLUNTEER**: List two people (not relatives) who we can contact for references: PHONE: _____ NAME: _____ Are you related to anyone we employ? YES NO If YES who? _____ SIGNATURE: _____ DATE: _____ FOR OFFICE USE ONLY Interviewed by: _____ Date: _____ Remarks: _____ Personality: _____ Ability: ____ How this person came to this agency to volunteer: