



Volunteer Registration Form

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____

Phone : _____

Registered in Person: _____ Telephone: _____

Interviewer: _____

Where did you hear about Plainfield Community Homes?

___ Newspaper ___ Radio ___ Television

___ Word of Mouth ___ Phone Book ___ Friend/Referral ___ Other: _____ Specify

Employment Status (optional)

___ Full-Time ___ Part-Time ___ Unemployed/Seeking ___ Homemaker

___ Student ___ Retired ___ Disability ___ Social Assistance/O.W

Have you Volunteered Before? ___ Informally ___ Formally ___ Never

Work Experiences (Including Volunteer Opportunities): _____

Personal Information (Skills, Special Training, Interests): _____

What is your motivation for Volunteering? _____

VOLUNTEER REGISTRATION FORM

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VOLUNTEER PREFERENCE

What area would you prefer to volunteer in?

Visiting 1:1 Match Children Adults Transportation Tutoring
 Fundraising Committee/Board

Availability: Mornings Afternoons Evenings Weekends

Hours Per Week: _____ **Preferred Days:** M T W T F S S

Do you drive? _____ Do you have use of a car? _____

Other: _____

Please return your completed form to:

Sharon Wright
Manager of Community Development and Outreach
Plainfield Community Homes
91 Millennium Parkway
Belleville, ON K8N 4Z5
Telephone: 613.969.7407, ext. 22
Fax: 613.969.7775
E-mail: swright@plainfield.org