



CUPS Volunteer/Practicum Application

Contact Information

Name	
Street Address	
City, Prov, PC	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer/practicum assignments? Please include schedule if you are a practicum placement

___ Weekday mornings	
___ Weekday afternoons	

Interests

Tell us in which areas you are interested in volunteering	Office Use Only (Where applicable please indicate program placement and position)
___ Practicum	
___ Administration	
___ Events	
___ Outreach	
___ Fundraising	
___ Database Maintenance and Data Entry	
___ Family Mentoring	
___ Client Transportation (ie. Grocery shopping)	

Please select more than one area of interest as not all positions may be available at the time of application.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, Prov, PC	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with CUPS Community Health Centre. Please return to the Volunteer Coordinator.