



United Way
of Elgin-St. Thomas

ELGIN-ST. THOMAS UNITED WAY
300 South Edgeware Road
St. Thomas, ON N5P 4L1
Tel. 519-631-3171 Fax 519-631-9253
E-mail: office@stthomasunitedway.ca

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the United Way of Elgin- St. Thomas. Please complete this form to help us match your skills and interests with a suitable volunteer position. This application and related information will remain confidential.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: (Home) _____ (Work) _____

FAX: _____ E-MAIL: _____

GENDER: (Male) _____ (Female) _____

OCCUPATION/TITLE: _____

PLACE OF EMPLOYMENT: _____

LANGUAGES SPOKEN: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Home) _____ (Work) _____

Relationship to Applicant: _____

Why are you interested in volunteering with the United Way of Elgin-St. Thomas?

Do you have any past volunteer experience? If yes, please list and briefly explain.

What skills and abilities do you possess that would benefit the United Way of Elgin-St. Thomas?

Is there a particular type of volunteer work that you would be interested in? Please check all that apply.

Office Support

Fundraising

Board of Directors

Building Community Awareness

Campaign Team

Special Events

Allocation Committee

Other (please explain)

What are some of your talents and interests?

When would you be available to volunteer? Please check all that apply.

Mornings Mondays Thursdays
 Afternoons Tuesdays Fridays
 Evenings Wednesdays Saturdays/Sundays

Please provide two references:

Name _____
Phone Number: (H) _____ (W) _____
Relationship: _____

Name _____
Phone Number: (H) _____ (W) _____
Relationship: _____

How did you learn about the United Way of Elgin- St. Thomas volunteer opportunities?

Advertisement Volunteer Elgin
 United Way Website Member Agency
 Personal Referral Other (please specify) _____

Signature of Applicant Date

Signature of Parent or Guardian Date
(if under 18 years of age)