

VolunTEEN Application

RMH Auxiliary
10 Angeline St N
Lindsay, ON K9V 4M8
705-324-6111 ext. 4386

FOR OFFICE USE ONLY

Date of Application: _____ Membership
Date of Interview: _____ T-shirt:
Orientation: _____ 1st Health screening: _____
Placement: _____ Day: _____ Time: _____

Name: _____ Phone#: _____
Last First

Present Address: _____ City: _____ Postal Code: _____

Email: _____

Are you between the ages of 14yrs – 19yrs? _____

School & Grade: _____

Do you have any limitations which may affect your VolunTEEN placement? (i.e. Job or extra curricular activities)

Experience:

Work: _____

Volunteer Work: _____

Skills/Interests: _____

References:

Please list 2 adults (excluding family members) who have known you at least 1 year and who can attest to your character, skills and dependability (i.e. teacher, guidance counselor, clergy, employer)

1. Name: _____ Relationship: _____

Phone: _____ Daytime: _____ Evening: _____

2. Name: _____ Relationship: _____

Phone: _____ Daytime: _____ Evening: _____

Volunteer Service opportunities: (please circle area (s) of interest)

Patient Care (i.e. Complex Care Program)

Café

Gift Shop

Information Desk

