

**Westover Treatment Centre
Volunteer Application Form**

Name	
Street Address	
City, Province, Postal Code	
Home Phone/Work Phone	
Group # and Commencement Date	

Availability (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Commitment Level (Please fill in and circle all that apply)

I will commit to volunteering _____ hours/days per _____ week/month/year.

Volunteer Opportunities (Please check all areas you are interested in)

- | | |
|--|---|
| <input type="checkbox"/> General Office (clerical) | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Fifth Steps | <input type="checkbox"/> Fundraising events |
| <input type="checkbox"/> Phone Bank | <input type="checkbox"/> Westover Boutique |
| <input type="checkbox"/> Golf Tournaments | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Picnic | <input type="checkbox"/> Christmas Parties |
| <input type="checkbox"/> Commencement Boutique | <input type="checkbox"/> Fitness & Recreation |

Please describe previous experience or special skills for the opportunities checked above.

Are you able to work with confidential information? _____

Would you object to a Police Check? _____

Please state why you are interested in becoming a volunteer with Westover Treatment Centre.

Person to notify in case of emergency

Name _____

Home/Work Phone _____

Agreement and Signature

I _____ having reached the age of majority affirm the information provided in this application is correct and complete. I understand and accept that any false information, omissions or misrepresentations may preclude me from volunteer opportunities at Westover Treatment Centre.

I further agree to abide by all policies and procedures of the Westover Treatment Centre. I will respect the confidentiality of all clients and staff and will save harmless Westover Treatment Centre, its staff, Board Members and volunteers from any loss, accident or injury resulting from my volunteer participation.

Name (please print) _____

Date _____

Signature _____

Equal Opportunity Policy

It is the policy of Westover Treatment Centre to provide equal opportunity without regard to race, colour, religion, gender, sexual orientation, age or disability.

Thank you for completing this application and your interest in volunteering at Westover.

Please return this application form to:

Westover Treatment Centre
P.O. Box 8
Thamesville ON N0P 2K0
Or fax to 519-692-3138