



## Volunteer Application Form

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*City* *Province* *Postal Code*

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about Adsum?

What do you hope to gain from your volunteer experience with Adsum?

Please list your previous volunteer experience.

Typical volunteer activities can include organizing donations, meal preparation, light housekeeping, special event help, and women's programming.

Please list any relevant education / training, experience, qualifications, or a particular skill or talent (i.e. hair stylist) you feel you could utilize as a volunteer at Adsum:

### **Availability**

Volunteers typically are available for one 2-hr. shift per week.

Please indicate your availability between 9:00am and 8:00pm.

Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Notes	

**References**

Please do not include relatives. Please print clearly. Emails are especially helpful.

- 1. Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Thank you for your interest in being a part of the Adsum volunteer team!

Please return this form to:

Lisa Sullivan, Adsum for Women & Children  
2421 Brunswick St. Halifax NS B3K 2Z4  
fax 423-9336  
email [householdco@adsumforwomen.org](mailto:householdco@adsumforwomen.org)

Questions? Please call 423-5049.

**For office use only:**

Orientation date:
Start Date:
End Date:
Police record check complete:
Child Abuse Registry check complete: