

Give two personal references (other than family):

Name: _____

Relationship: _____ Telephone(s): _____

Name: _____

Relationship: _____ Telephone(s): _____

Are you a friend / relative of: a person supported by CLASS a staff / board member of CLASS

Name: _____

Relationship: _____

Length of commitment: 3 months Longer 40 hours community
 6 months Not sure Practicum (high school / college/ university – please circle)

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Signature of Applicant

Date

Parent / Guardian / Staff (if applicable)

Date

For Office Use Only

Screening Criteria	Date or N/A	Screening Criteria	Date or N/A	Screening Criteria	Date or N/A
Age Requirement		Confidentiality Agreement		References	
Crim. Record		Code of Conduct		Bonded	
Driver's Abstract		Driver's Licence		Liability Insurance	
Vehicles and lifts training					

Interviewed by: _____

Date: _____

Approved by: _____

Date: _____

For more information please contact the Volunteer Coordinator at 519 426-0007 ext. 211
 or email volunteer_class@kwic.com

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH
 COMMUNITY LIVING ACCESS SUPPORT SERVICES**