



C2 – 5659 McAdam Rd
 Mississauga, ON L4Z 1N9
 Phone: 905-502-7933
 Fax: 905-502-7868
 info@vitacentre.org
 CRN: 891981235RR0001

**VITA CENTRE
 VOLUNTEER APPLICATION FORM
 (PLEASE PRINT CLEARLY)**

Last Name: _____ First Name: _____
 Address: _____ Apt/Unit: _____
 City: _____ Province: _____ Postal Code: _____
 Preferred Phone: _____ Alternate Phone: _____
 Preferred email: _____

Past volunteer/work experience: -

Preferred Volunteer Positions: _____
 How did you hear about Vita Centre? _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours per week could you volunteer? ____ month? ____ not sure? ____

MISSION STATEMENT OF VITA CENTRE

Vita Centre is dedicated to providing excellent support, education and counselling to vulnerable families, including pregnant and parenting youth, with the goal of empowering them to move forward and thrive.

Are you able to support this Mission Statement and fulfill your duty as a volunteer? Yes No

Are there any aspects of volunteer work you prefer not to be involved in?

Yes No

If yes, explain _____

Describe what you feel are the skills, personal qualities, etc. that you bring to this role.





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What are your gifts, talents, skills?

Are there any limitations to your volunteering at Vita Centre which have not been indicated elsewhere on this application?

Please provide contact information for up to three people who can speak to your ability to fulfill the role you have applied for:

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

*** In addition to reference checks, potential volunteers will return a completed police check and be interviewed by the volunteer coordinator*

Are you able to make a minimum 6-month commitment to Vita Centre?

Yes No If no, explain: _____

Signature: _____

Date: _____

**Return Application to: Vita Centre
Volunteer Coordinator
C2 – 5659 McAdam Rd
Mississauga, ON, L4Z 1N9**

Phone:(905) 502-7933

Fax:(905) 502-7868

Email: d.harte@vitacentre.org

