

**HAMILTON & DISTRICT EXTEND-A-FAMILY  
VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF LESS THAN 5 YEARS AT PRESENT ADDRESS, PLEASE GIVE PREVIOUS:**

\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYMENT/COLLEGE ATTENDING: \_\_\_\_\_

EMPLOYMENT/COLLEGE ATTENDING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE – HOME: \_\_\_\_\_  
CELL: \_\_\_\_\_

TELEPHONE – HOME: \_\_\_\_\_  
CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_

PREFERRED LANGUAGE \_\_\_\_\_

OTHER LANGUAGES SPOKEN \_\_\_\_\_

OTHER LANGUAGES SPOKEN \_\_\_\_\_

**PLEASE LIST ALL THOSE PERSONS RESIDING AT YOUR HOME**

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____

**DESCRIPTION OF ANY PETS:**

\_\_\_\_\_

**PLEASE DESCRIBE ACTIVITIES, HOBBIES AND INTERESTS YOU ARE CURRENTLY INVOLVED WITH:**

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT EXTEND-A-FAMILY?**

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**WHAT ARE YOUR REASONS FOR JOINING THIS PROGRAMME?**

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**HAVE YOU HAD ANY OTHER VOLUNTEERING EXPERIENCE? IF YES, PLEASE GIVE DETAILS:**

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**HAVE YOU EVER CARED FOR OR HAD ANY EXPERIENCE WITH CHILDREN WITH DISABILITIES?**

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**WHAT DO YOU FEEL THAT YOU CAN OFFER TO EAF?**

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**WHAT TIME COMMITMENT COULD OFFER AT THIS TIME?**

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**PLEASE DESCRIBE ANY CONVICTIONS OF A CRIMINAL NATURE OR APPEARANCES IN COURT:**

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**REFERENCES: Please give names of three references, other than relatives.**

	<u>NAME</u>	<u>TELEPHONE</u>	<u>OCCUPATION</u>	<u>HOW LONG KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF SPOUSE**

Please return to: Hamilton & District Extend-A-Family  
293 Wellington Street North  
Suite 127  
Hamilton, Ontario. L8L 8E7

OR email to: [eaf@execulink.com](mailto:eaf@execulink.com) Subject line: VOLUNTEER APPLICATION