



African Community Services of Peel
10 Gillingham Drive, Suite 308
Brampton, Ontario L6X 5A5
Tel: (905) 460-9514
Fax: (905) 460-9769
E-mail: info@africancommunityservices.com

Volunteer Application Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Tel. (Home): _____ Tel. (Business) _____

Languages Spoken: _____

Occupation: _____ Business _____

Student: _____ School _____

Which of your interests, hobbies and activities do you think you can share?

Have you been a volunteer before? _____ Where? _____

How many hours per week do you think you can commit?

Are you presently involved with any other agency?

If so name the agency.

What day(s) of the week do you think you can volunteer?

In signing, I confirm that I have read and completed the form to the best of my ability.

I hereby, offer my services as a Volunteer to *African Community Services of Peel*. I understand that I will receive no compensation in nature of wages. I also understand that out-of-pocket expenses will be reimbursed only if prior approval for out of pocket expenditure has been obtained.

Signature: _____ Date: _____

Please return to The Executive Director