



Community Advocacy & Legal Centre

158 George Street
Belleville, Ontario K8N 3H2

Phone: (613) 966-8686 • Fax: (613) 966-6251

Volunteer Application

Thank you for your interest in volunteering for the Community Advocacy & Legal Centre (CALC). The information on this form will help us to match your skills and interests to find the most satisfying and appropriate volunteer service for you.

Please attach a resume that details your work, volunteer and school experience.

Last Name: _____ **First Name:** _____

Address: _____

City/Town: _____ **Postal Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **E-Mail Address:** _____

What are you interested in?

- | | |
|--|---|
| <input type="checkbox"/> office administrative tasks | <input type="checkbox"/> organizing outreach and legal education materials |
| <input type="checkbox"/> clerical tasks | <input type="checkbox"/> Tenant Duty Counsel (support) |
| <input type="checkbox"/> case work assistance (law students and paralegal students only) | <input type="checkbox"/> Housekeeping (preparing meeting refreshments, restocking photocopiers) |
| <input type="checkbox"/> Other – please specify: | |

How many hours/days per week would you be available for volunteer work? (Check all that apply)

- | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 3-4 hours | <input type="checkbox"/> 5-6 hours | <input type="checkbox"/> 7-8 hours | |
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Thursdays | <input type="checkbox"/> Fridays |

Other: _____

Special skills/Hobbies/Interests:

Languages spoken or written:

- English French ASL (American Sign Language)

Other: _____

Highest level of education completed:

- Grade _____ High School Diploma Some College Some University

- College Diploma University Degree Masters Degree

Other: _____

Health/Physical Restrictions; if any:

Other things we should know about you:

How did you learn about CALC volunteer opportunities?

- VIQ Website CALC Website A friend Another CALC Volunteer

Other: _____

References: (Preferably someone with whom you have worked/volunteered)

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Signature: _____ **Date:** _____