

London & District

TEL: (226) 577-4137 volunteerprogram@jhslondon.on.ca

FAX: (519) 438-7670 www.jhslondon.on.ca/london/

Volunteer/Student Application Form

Name:							
	ess: Postal Code:						
Telephone Number (day)	(evening):	Email:					
Languages Spoken: English I	French Othe	er					
My preference for volunteer/Stude							
Children's Group Teen's Group							
Indigenous Services Breaking	the Cycle of Post-I	ncarceration Homelessness					
Describe your interest in this volunt	teer/student progr	am					
Describe your interest in this volunt	teer/student progra	aiii.					
Provide details on any academic	•	·					
relevant to the volunteer/student p	position being appl	ied for.					
Please list and date any previous vo	lunteer/student pl	acement experience:					
Have you ever received service fror	m any John Howard	I Society in the past					
5 years? Yes No If yes, p	•	i Society in the past					
3 years: Tes NO II yes, pr	lease specify.						
Are you presently under supervisi	ion such as bail, p	probation, parole, or statutory					
supervision? Yes No							

If yes, please provide this information in a separate sealed envelope.



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Referenc	es: (minimum o	11 2 years, 1101	i-iaiiiiy iiieiii	bers)			
1.	Name:						
	Relationship:						
	Telephone Num						
	Email Address:						
2.	Name:						
	Relationship:						
	Telephone Num	nber:	(Day)			
	Email Address:						
	rity of the progr ility: Please indi	cate the days	and time wh	ich you are ava	ilable to volu	unteer/stude	ent.
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afterno							
Evening							
Applicant Signature			Date				