



ANCASTER COMMUNITY SERVICES

Volunteer Services

Volunteer Application Form

Date: _____

Thank you for your interest in volunteering with Ancaster Community Services to help us achieve our mission to serve the diverse community of Ancaster by providing programs, volunteer opportunities, information and resources which enhance the quality of life for all.

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

Phone #: _____ Cell #: _____

Address: _____ Postal Code: _____

City: _____ Email: _____

Date of Birth: ____/____/____ **Gender Identity:** _____
(month) (day) (year) (optional, used for statistical purposes only)

Emergency Contact: _____ Relationship: _____

Phone #: _____ Cell # or Email: _____

How did you learn about our agency? _____

Current Volunteer Opportunities:

(select any areas of interest)

- Meals on Wheels
- Frozen Meals
- Assisted Volunteer Driving Program
- Front Desk
- Christmas Outreach
- Shopping 4 Seniors
- Food Bank
- Food Bank – Hamper Delivery

Current Availability (note majority of offerings take place between regular business hours)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

Tells us about YOU! (Skills, Hobbies, Work Experience, Current Volunteer Activities, etc.)

I consent to receive electronic communications from Ancaster Community Services regarding volunteer updates and information. I can withdraw at any time: Yes No

Signature: _____ **Date:** _____