

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:	dress: Postal Code:						
City:	E	Email:					
Date of Birth:	(month)	lay) (year)	Gender Ident	ty : ional, used for statis	tical purposes only)		
			Rel				
Phone #:		Cel	l # or Email:				
How did you lea	rn about our ag	gency?					
Volunteer Oppoi (Please note: Vacan		ntly exist in all areas.	Select any areas of in	terest.)			
☐ Meals on Wheels		☐ Frozen Meals ☐ Assisted Volunteer Driving		ng			
☐ Front Desk		☐ Holiday Outreach ☐ Shopping 4 Seniors					
☐ Food Bank		☐ Food Bank – Donation Collection					
Current Availabi	lity (note majori	ty of offerings take	place between regu	lar business hours)			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
MORNING AFTERNOON							
	<i>OU</i> ! (Skills, Hobb	ies, Work Experienc	ce, Current Voluntee	r Activities, etc.)			
		communications t	from Ancaster Coraw at any time:	mmunity Service □ Yes	s regarding		
Signaturo:			Data				