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Niagara Ina Grafton Gage Village

Volunteer Application

Name: _____ Adult Student
Last First

Address: _____
Apt. Street

City Province Postal Code

Telephone: _____ Cell No: _____ Languages: _____

In an emergency call: _____

Telephone No: _____ Relationship to you: _____

What volunteer experience have you had? Explain: _____

What work experience have you had? Explain: _____

As a volunteer, what special skills, interests, and/or training would you like to use? Explain:

When would you be available to volunteer? Morning Afternoon Evening

Which day(s) would you prefer? Monday Tuesday Wednesday
Thursday Friday Saturday
Sunday

How many hours would you be available to volunteer every week?
1 hour 2 hours 3 hours
Other

