



Fill out the application form, send it to us by mail, E-mail or fax at:

1375 Rte Transcanadienne, suite 100
Dorval, QC H9P 2W8

Telephone: 514-636-1081/Fax: 514-683-5523

Email: info@equipeentreprise.org
www.equipeentreprise.org

We will contact you for an interview. Please feel free to communicate with us if you need additional information.

APPLICATION FORM FOR VOLUNTEERS

Personnel Information			
Last Name:		First Name:	
Address:	Apt.	City:	Postal Code:
E-mail:			
Phone:	Cell Phone:	Work number:	
Languages	Spoken		Written
	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Others (Elaborate)		<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Others (Elaborate)

Schooling	<input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University
Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other
Work experiences :	
Volunteer experiences (Where, when, length) :	

Other interests: (Skills, expertise, hobbies, etc.)
Volunteer work offered at L'Équipe Entreprise (Check what you are interested in)
<input type="checkbox"/> Culinary activity <input type="checkbox"/> Administrative work <input type="checkbox"/> Board Member <input type="checkbox"/> Consultative committee <input type="checkbox"/> Working directly with the clients
<i>Elected Board members sit for a two-year term, and can sit for a maximum of three consecutive terms.</i>

Two persons who can provide references

Name:	Tel. :
Your relationship with that person :	

Name:	Tel. :
Your relationship with that person :	

How many hours per week are you ready to offer?										
Availability:										
	Morning					Afternoon				
Monday	<input type="checkbox"/>	From		to		<input type="checkbox"/>	From		to	
Tuesday	<input type="checkbox"/>	From		to		<input type="checkbox"/>	From		to	
Wednesday	<input type="checkbox"/>	From		to		<input type="checkbox"/>	From		to	
Thursday	<input type="checkbox"/>	From		to		<input type="checkbox"/>	From		to	

I certify that the answers to this questionnaire are complete and truthful, knowing that a misrepresentation or omission of fact may be a sufficient cause for the rejection of my application or dismissal from my volunteer work.

Signature :	Date :
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THIS DOCUMENT IS CONFIDENTIAL