



Volunteer Request (Program)

Date of request:	Person making request:
Program Supervisor:	Program making request:
Email:	Address:
Preferred days and times:	Phone:
Brief description of volunteer's position: (eg. what the volunteer will be required to do)	
It would be helpful for the volunteer to have the following qualities/interests: (eg. car, particular experience/background, strengths)	
Relevant information the placement should know:	

***Please see other side**

Your Manager contact: _____

Is the individual you are supporting in need of assistance at the position? _____

Who will be the main person responsible for follow up with the volunteer? _____

Ideas for possible volunteer recruitment of the individual you are supporting: _____

- **Once this application has been submitted to the Program Manager, it will be forwarded to Sharon, the Volunteer Services Coordinator.**
- **Sharon will contact the individual/contact person and confirm she has received the request.**
- **Make sure to keep Sharon updated with any changes to the request. She is at 905-999-6718 or sharon.burgess@clapw.org**