



Bulimia Anorexia Nervosa Association
2109 Ottawa Street
Suite 400
Windsor Ontario N8Y 1R8

VOLUNTEER APPLICATION FORM

DATE: _____ DATE OF BIRTH: _____

NAME : _____

ADDRESS: _____

CITY /PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: HOME: _____ [](discretion) WORK: _____ [](discretion)

(* if you request discretion anyone calling from BANA will not leave a message or identify the agency)

BEST TIME TO CALL: _____ Morning _____ Afternoon _____ Evening

EDUCATION: _____

PRESENT OCCUPATION: _____

Volunteer Experience: Please list name of organization and duties performed.

Special Skills or Training: _____

Languages: Spoken: _____ Written: _____

Do you type? _____ YES _____ NO. If yes, how many words per minute? _____

Knowledge of computer programs: _____

Do you have access to a vehicle? _____ YES _____ NO

Please indicate the number of hours you would like to work: _____ per week _____ per month

Please list three references, their addresses and telephone numbers:

Name : _____ Name : _____ Name: _____

Address _____ Address _____ Address _____

Phone: _____ Phone: _____ Phone: _____

Relationship _____ Relationship _____ Relationship _____

I agree to participate in the screening process which includes a police clearance for adult criminal record, and a reference check.

(Signature)