

**WOODINGFORD LODGE
COUNTY OF OXFORD**

**Volunteer Application Form
(Confidential)**

Mr. Mrs. Miss Ms

Name: Last _____ First _____ Initials _____

Home Address & Postal Code: _____

Phone: Home _____ Work _____

Do you have e-mail: yes no E-mail address: _____

Age Group (optional): Under 17 17-25 26-35 36-45 46-55 56-65 65+

Language(s) Spoken: English French Other: _____

Allergies: _____

In case of emergency please notify:

Name: _____ Phone: _____ Relationship: _____

Volunteer Experience: _____

Describe the reason(s) for wanting to volunteer at Woodingford Lodge:

I can volunteer: regularly, once or twice weekly a minimum of 3 months
 once in a while if needed special events

Do you prefer to volunteer:

mornings afternoons evenings weekdays only weekends only

other, please specify: _____

References:

1. Name: _____ Phone No.: _____

2. Name: _____ Phone No.: _____

Signature: _____ Date: _____

Comments: _____
