

John Howard

SOCIETY OF LONDON AND DISTRICT

TEL: (519) 438-4168
jhsLondon@execulink.com

FAX: (519) 438-7670
www.jhsLondon.on.ca

Volunteer Application Form

Name: _____
Address: _____ Postal Code: _____
Telephone Number (day) _____ (evening): _____
Email: _____
Languages Spoken: English _____
French _____
Other _____

My preference for volunteer involvement would be with:

Institution Visitor _____ Driver _____ Girls Club _____ Boy's Group _____ Bail _____
Women's Group _____ Front Office-Intake _____ Gentle Exercise (EMDC) _____

Describe your interest in this volunteer program.

Provide details on any academic or other qualifications or experience relevant to the volunteer position being applied for.

Please list and date any previous volunteer experience:

Have you ever received service from any John Howard Society in the past 5 years?

Yes _____ No _____ If yes, please specify.

Are you presently under supervision such as bail, probation, parole, or statutory supervision?

Yes _____ No _____

If yes, please provide this information in a separate sealed envelope.



United Way
of London & Middlesex

A Participating Member of the United Way of London and Middlesex

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References: (minimum of 2 years, non-family member)

1. Name: _____
Relationship: _____
Telephone Number: _____ (day) _____
Address: _____
2. Name: _____
Relationship: _____
Telephone Number: _____ (day) _____
Address: _____

In making this application, I hereby give the John Howard Society authority to contact the persons named as references and to make inquiries with Police and other criminal justice officials as necessary to ascertain my suitability as a volunteer.

*Volunteers in the jail visitation program require security clearance by the jail.

Availability: Please indicate the days and times during you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Applicant Signature

Date



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