



Volunteer Application

Name:	
Address:	
City, Province:	
Postal Code:	
Phone Number:	
Email Address:	
What type of volunteer role most interests you?	
Why are you interested in volunteering at Hope Place Centres?	
Please describe your skills and experiences as they relate to your interest in volunteering at Hope Place Centres.	

<p>What types of exposure have you had with people living with addictions?</p>	
<p>What is your availability? List days & times available</p>	
<p>Please list 2 References:</p> <p>In completing this application, I hereby give permission to Hope Place Centres to contact the persons named as references.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>



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