



**VOLUNTEER APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Emergency Contact: NAME:

\_\_\_\_\_ PHONE (CELL) NUMBER: \_\_\_\_\_

Previous Work and Volunteer Experience: \_\_\_\_\_

Education/Training; Career and Other Interests; Hobbies: \_\_\_\_\_

Have you previously volunteered at Fowler Kennedy? Yes No If so, when? \_\_\_\_\_

To Which clinic location are you applying?

- Fanshawe College Clinic
- Western University Clinic

Please indicate availability

	7am-9am	9am-12pm	12pm-3pm	3pm-6pm	3pm-5pm(Friday only)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

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 Western University - 3M Centre  
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 Fax: 519.661.3379

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