

What personal qualities, life experience and professional experience do you have that would be of value in your volunteer role?

Further comments or information you wish to offer:

Please list three character references:

1

Name	Home Phone	Cell Phone	Business Phone
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Mailing Address (Street or R.R., Town, Postal Code)

2

Name	Home Phone	Cell Phone	Business Phone
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Mailing Address (Street or R.R., Town, Postal Code)

3

Name	Home Phone	Cell Phone	Business Phone
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Mailing Address (Street or R.R., Town, Postal Code)

Signature: _____ Date: _____

Thank you for completing this form. Please mail to:

Volunteer Facilitator
Connections, 30 Bennett St.
Carleton Place, ON
K7C 4J9