

ADULT VOLUNTEER EXPRESSION OF INTEREST FORM

"We do out **BEST** for every **GUEST** In **JESUS'** Name"

Date: _____

Contact Information	
Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Season Site # (if applicable)	
Age	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> Over 65
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Special Skills or Occupational Qualifications: (Summarize special skills or qualifications you have acquired from employment, pervious volunteer work, or through other activities, including hobbies)

Availability for Work Weeks (Monday to Friday - all meals & accommodation provided)

<input type="checkbox"/> April 20 - 24 2015	<input type="checkbox"/> Need Accommodation	<input type="checkbox"/> September 21 - 25
<input type="checkbox"/> May 11 - 15	<input type="checkbox"/> Need Accommodation	<input type="checkbox"/> October 5 - 9
<input type="checkbox"/> June 8 - 12	<input type="checkbox"/> Need Accommodation	<input type="checkbox"/> October 26 - 30

Previous Volunteer Experience: Yes No

List Your Areas of Interest for Volunteer Ministry (Please Print Below)

Maintenance: (i.e. Carpentry, Painting, Plumbing, Electrical, gardening)

Housekeeping: (i.e. Laundry, Trailer Cleaning on Saturdays, etc.)

Food Services: (i.e. Dining Room, Kitchen, Café, BBQ, Spud Club, etc.)

Sports: (i.e.Sports Shop, Tennis, etc.)

Other: (i.e. Ladies Garden Party, Ushering, Word Shoppe, Children's Ministry, Front Office, Driving, Hymn Sing, etc
Note: For work in Children's Ministry a Vulnerable Sector Police Check is required

Please complete this form and submit to the Fair Havens Office:

Mail: B2215 Hwy 48E, Beaverton, ON, L0K 1A0

FAX: 1-705-426-9572, Telephone: 1 (800) 430-5059, Email: info@fairhavens.org

Website: www.fairhavens.org