



Muskoka Women's Advocacy Group

Muskoka Interval House

Local Phone: 705-645-4461
Toll Free: 1-800-461-1740
Fax: 705-645-1407
Box 748, Bracebridge, ON P1L 1T9

Chrysalis

Local Phone: 705-789-8488
Toll Free: 1-866-789-8488
Fax: 705-789-0825
56 Kinton Ave., Huntsville, ON P1H 1M3

VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

Name _____ Home phone _____

Address _____ Cell phone _____

Town _____ Work phone _____

Postal code _____ E-mail address _____

The Muskoka Women's Advocacy Group (MWAG) is a volunteer board which operates two shelters for abused women and their children, as well as providing other services. There are many ways to be involved. Are you interested in volunteering at Muskoka Interval House (MIH), Chrysalis and/or serving on the MWAG board or a committee?

Check any that apply: MIH Chrysalis MWAG board a committee

Why have you chosen to volunteer for this organization? _____

Please list any past and present volunteer experience: _____

Please list all relevant experience (employment, training, workshops and/or personal knowledge) that may be beneficial to volunteering with us: _____

Please list other special skills you can offer (e.g., computer, language, crafts, etc.):

Maintaining a balance of work, family and self care is important; with this in mind, how available do you expect to be for MWAG/MIH/Chrysalis volunteer work?

MUSKOKA WOMEN'S ADVOCACY GROUP
Muskoka Interval House – *WORKING TOGETHER TO EMPOWER WOMEN* – **Chrysalis**

Is there anything else you would like to note? _____

(If you need more writing space for any answers, please attach another sheet.)

If you have a car, are you willing to do some volunteer driving? Yes No
Driver's license # _____ License plate # _____
Insurance company _____ Value of liability \$ _____

Please check to verify that you are aware of, and understand, all of the following:

- I will be asked to sign an oath of confidentiality form.
- I will be asked to have a criminal reference check done.
- I will be asked to attend a volunteer training course (usually six sessions).

Which days of the week are best for training? Check any that apply:

Monday Tuesday Wednesday Thursday Friday

Please indicate when you are available for training: evening and/or daytime
(Training will be scheduled based on the best times/dates for most participants.)

Please list two references (other than relatives):

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Phone #(s) _____	Phone #(s) _____

Applicant's signature _____ Date _____

Return to:
Ruth Holloway c/o Chrysalis
12-56 Kinton Ave., Huntsville, ON P1H 1M3
Fax # 705-789-0825