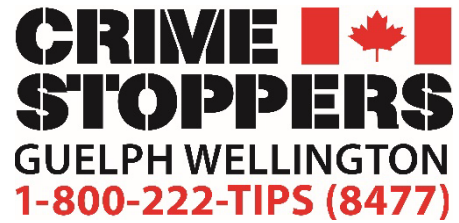


Friends of

Application Form



Fill out this application and return it to info@csgw.tips

Date:			
Name: (First)	(Middle)	(Last)	Other initials:
Address:			
City:		Postal Code:	
Contact: (Cell)		(Home)	
Birthdate: (DD/MM/YYYY)		Email:	
Current Employer:			
Title:		Full-time/Part-time:	
Education:			
High School Grade Completed:			
Trade School/College/University Information/Other Education:			
Special Skills/Certificates:			

Driver's Licence: Y/N	Access to a Vehicle: Y/N
<input type="checkbox"/> Improve my job prospects & employability <input type="checkbox"/> Explore career choices <input type="checkbox"/> Experience diversity and integrate with the community <input type="checkbox"/> Develop new skills/experience in new areas <input type="checkbox"/> New opportunities and challenges <input type="checkbox"/> Be valued, appreciated, and feel useful <input type="checkbox"/> Make a difference/give back to my community	<input type="checkbox"/> Put spare time to good use <input type="checkbox"/> Do something enjoyable <input type="checkbox"/> Build confidence and take on new responsibilities <input type="checkbox"/> Gain a sense of achievement <input type="checkbox"/> Meet new people; establish connections and references <input type="checkbox"/> Other: (please indicate)
Volunteer experience: Please list any relevant volunteer or work experience	
1.	
2.	
3.	
References:	
Name:	Relationship to You:
Phone:	Best time to Call:
Name:	Relationship to You:
Phone:	Best time to Call:
Name:	Relationship to You:
Phone:	Best time to Call:

Please note: As CSGW is an organization that covers all of the City of Guelph and County of Wellington, our Friends of Crime Stoppers Guelph Wellington must be able to participate in events throughout this area.