

**ST. VLADIMIR INSTITUTE**

620 Spadina Avenue  
Toronto, Ontario M5S 2H4  
Telephone: (416) 923-3318  
Fax: (416) 923-8266

**VOLUNTEER APPLICATION**

Name Information (please print)

Preferred Title: (Mr. Mrs. Miss., etc)

Given Name:

Surname:

Address:

Street

City

Postal Code

Home Phone: (     )     )

Work Phone: (     )     )

Fax:     (     )     )

E-Mail:

**Volunteer Information**

Please indicate your preference(s) for volunteering by completing the information below:

Volunteer position(s) of interest or type of volunteer work you would like to do:

Board of Directors  
Committee member  
Bingo helper

Mailing  
Occasional  
Assigned project

Brief details of your background and experience:

Remarks or comments: