Marylake

SHRINE OF OUR LADY OF GRACE

MARYLAKE VOLUNTEER APPLICATION

First Name: _____ Initial: _____ Last Name: _____

Address (Number and Street): _____

Apt., Unit, P.O. Box #: _____ City: _____

Prov: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail: _____

AREAS OF INTEREST: (check all that apply)

☐ Choir
☐ Music
☐ Decorations
☐ Other ....
....
....

☐ Liturgy
☐ Office
☐ Photography
☐ Gift Shop
☐ Tour Guide
☐ Snack Bar

☐ Parking
☐ Rosary Path
☐ Other ....
....
....

GENERAL HELP
☐ Carpentry
☐ Electrical
☐ Plumbing
☐ Housekeeping
☐ Gardening
☐ Other ....

Please list seasons, months or other periods of the year (such as March Break for example) that you would like to volunteer:

List Seasons, Months, or Periods: _____

List Available Dates: _____

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:							
To:							

905-833-5569 | info@marylake.com | www.marylake.com

LIST ANY PREVIOUS AND/OR CURRENT VOLUNTEER EXPERIENCE: (optional)

1. Organization: ....

Position/Responsibility: .... From: .... To: ....

2. Organization: ....

Position/Responsibility: .... From: .... To: ....

REFERENCES: (please provide a couple of references)

Name: .... Phone #: .... E-mail: ....

Name: .... Phone #: .... E-mail: ....

Name: .... Phone #: .... E-mail: ....

OTHER QUALIFICATIONS:

Do you have current First Aid certification?

☐ NO   ☐ YES   Expiry Date: ....

Do you have current C.P.R. certification?

☐ NO   ☐ YES   Expiry Date: ....

Do you have current A.E.D. certification?

☐ NO   ☐ YES   Expiry Date: ....

CONDITIONS OF BEING A VOLUNTEER
(please read carefully before signing):

- I, the undersigned, authorize an investigation of the statements herein.
- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

- I acknowledge and understand that if I am successful in obtaining a volunteer placement, the placement may be conditional upon receipt of an original police profile.
- All statements will become part of my personal file.
- I authorize the Augustinian Fathers (Ont) Inc, to make such inquiries regarding the above information, as is deemed necessary.

....
Volunteer's Signature   Date

....
Parent/Guardian Signature   Date
(If volunteer is 18 years old or under)

SUBMISSION OPTIONS:

E-mail: info@marylake.com
Fax: 905-833-5569
Mail: Shrine of Our Lady of Grace at Marylake
13760 Keele St., PO Box 55
King City, ON L7B 1A7

Marylake
SHRINE OF OUR LADY OF GRACE

The ROSARY PATH
at Marylake

THE AUGUSTINIANS
PROVINCE OF ST. JOSEPH