

LAMP Community Health Centre Volunteer Application

All information is confidential

ADMIN USE ONLY:	
Number:	_____
Entered:	____/____/____
Initials:	_____

PART 1

Please Clearly Print Your Information – Thank You!

Received: _____

		Today's Date:	____/____/____
			(Month) (Day) (Year)
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	
First Name:	_____	Last Name:	_____
Address:	_____	Apt./Unit:	_____
City:	_____	Postal Code:	_____
Home Phone:	_____		
Work Phone:	_____	Answering Machine:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Phone:	_____	Can we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	_____	E-mail:	_____

DEMOGRAPHIC INFORMATION: (Optional) Prefer not to answer

Year of Birth: _____

Sex: Male Female Trans

If you are a student, name of School: _____

Ethnicity (may check more than one):

- North American
 African
 Asian
 South Asian
 Caribbean
 Latin American
 Middle Eastern
 European
 Other (please specify) _____

Languages spoken: English French Other (s) _____

Accommodation Required? No Yes – please specify: _____



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"Building a Healthy Community"



