

Volunteer Application Form

Please print clearly

Name: _____
First Name
Initial
Last Name

Address: _____
Street Number and Name
Unit
City
Province
Postal Code

Check your preferred form of contact:

Home _____ Cellular _____
 Business _____ E-Mail _____

Is this volunteer placement a requirement for school? Yes No

If yes:

Name of School/Organization _____ Program/Grade: _____

How long do you plan to volunteer for our organization? _____

Check the boxes below for days and times you are available to volunteer.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours a week are you available? _____, and when can you start? _____

Are there any dates that you are not available? _____

Tell us briefly, why you have chosen our organization to volunteer your time.

Please list any previous volunteer experiences.

Check off area/s you are interested in volunteering for.

Residential Group Home Day-Activity Program Leisure Buddy/Friendly Visitor
 Pre-School Teach Life Skills Speakers Bureau Event Planning
 Special Event/Fundraiser Assistant

Other: _____

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List any special skills and abilities you would like to share: *Hobbies, sports, a second language....*

DECLARATION:

I UNDERSTAND the Volunteer Services Department will contact two references: 1 professional & 1 personal, by telephone. Final acceptance into our volunteer program will occur when we have heard from at least one of your references. **Your reference contacts should be notified that you have listed them on this application.**

Please provide the following information. (Do not list family or friends)

1. _____
First and Last Name Relationship to you How long have you known this person?

Street Address City Province Postal Code Contact Number

2. _____
First and Last Name Relationship to you How long have you known this person?

Street Address City Province Postal Code Contact Number

Have ever been convicted of a criminal offence for which a pardon has not been granted, or for which a pardon has been granted and later revoked? **Yes** **No**

I UNDERSTAND that any offer of a volunteer position would be conditional upon the following:

- Personal Interview with the Volunteer Coordinator
- Police Clearance Certificate
- Driver's/License Abstract (*If applicable*)
- Proof of Immunization (*If applicable*)

I UNDERSTAND any statements made on this document or any other that are untrue or misleading, may be rejected, or be sufficient grounds for terminating service.

**I UNDERSTAND that if I am below the age of majority that I must have my parent/guardian sign and provide their contact information.

 Volunteer Applicant Signature

 Date

 **Name of Parent/Guardian

 Contact Information

 Signature of Parent/Guardian

Once you have completed and submitted this Volunteer Application Form, the Volunteer Coordinator will contact you to discuss volunteer opportunities. We thank you for your interest and support.