



Volunteer Application Form

Standards of Practice and Procedures Link(s): Volunteer Screening & Approval Process

Board Policy Link(s): Policy 4.1.2 - Compliance

Program(s): Volunteer Services

*Note: All information supplied to us remains confidential to employees of the Agency and is not disclosed without your permission.

A. Personal Information:

Ms Miss Mrs Mr

Surname: _____ **First Name:** _____ **Middle Name:** _____

Home Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone No.: _____ Work Phone No.: _____ Cell No.: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone No.: _____

Are there any dietary or medical concerns we should be aware of:

Are there any physical or other limitations that we should know about so that we can better accommodate you?

REFERENCES:

Please list three (3) people, other than family members for references.

In addition, a satisfactory Criminal Reference Check/Vulnerable Sector Screening will be required.

NAME	EMAIL ADDRESS	PHONE NO.

B. Skills and Interests:

Work Experience:

Education:

Volunteer Experience (List Organization, position, responsibilities, etc.):

Reasons for your interest in volunteering:

Are you interested in volunteering for a specific program? If so, please indicate the program(s) below.

Interests/Hobbies:

Name 3 things that you really enjoy doing:

Name something you don't want to do:

Have you had previous involvement with this Agency?

C. Opportunities and Availability:

With what age group would you like to volunteer with: Child Teenager Adult Wherever needed

Do you have access to a vehicle: yes no

Would you be able to act as a volunteer driver: yes no

Languages spoken other than English: _____

Could you be called upon to be an occasional event/outing volunteer: yes no

Please indicate what days and times are most convenient for you to volunteer:							
Weekday	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

Please indicate the time frame you wish to volunteer:

3months 6 months 12 months Other please specify: _____

Signature _____ Date _____