



VOLUNTEER APPLICATION FORM

Location Preference: _____

Name: _____

Phone: Home: _____ Cell: _____

Address: _____ City/Town: _____ Postal Code: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

REFERENCES (no family members)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EDUCATION, SKILLS, INTERESTS

Educational Background: _____

Present/Former Occupation: _____

Language(s) Spoken: _____

Hobbies, Interests, Skills: _____

BACKGROUND

Describe any previous paid work experience:

Describe any previous volunteer experience:

Are there any modifications required to ensure your volunteer experience with us is enjoyable?

RESIDENT INTEREST

Is there a particular type of volunteer work in which you are interested? (Check all that apply.)

- Working one-on-one with a single resident
- Working directly with a staff person
- Working in a group environment
- No preference

AVAILABILITY: _____

I _____, hereby give permission to obtain information regarding my previous employment, education and /or volunteer background. A copy of this authorization shall be as valid as the original. I consent to the release of photographs, slides, video or other visual aids that I may be pictured in to be used for recognition or promotional purposes. I will be able to view these items prior to publications if I choose. All volunteer positions require successful completion of a Criminal Record & Vulnerable Sector Check before you begin your volunteer work.

Signature: _____

Date: _____

The information on this form will be used solely for the purpose of determining your acceptance as a volunteer and will be used, stored and destroyed in accordance with the Freedom of Information and Protection of Privacy Act.