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## Volunteer Application Form

Name of Organization \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

### Personal Information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (optional)

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to You \_\_\_\_\_

### Time Available

Day (s)      Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

Time of Day    AM      PM      Evenings

### Employment Status (optional)

Working Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_

Homemaker \_\_\_\_\_ Other \_\_\_\_\_

### Special Skills and Training

### Hobbies

### Languages

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**Volunteer Experience**

Are you volunteering anywhere else now? Yes No

Have you ever done volunteer work in the past? Yes No

If so, list the organizations and the type of service you provided.

**Availability**

Are you willing to volunteer the amount of time required  
as per the position description the centre has identified? Yes No

(The amount of time required based on the position description the group has  
prepared for the position and the specifics of when the service is required.)

**Commitment**

Will you make a one year commitment to this program? Yes No

Will you complete the required training? Yes No

What are your expectations about volunteering with this group?

What do you hope to gain by becoming a volunteer?

What experiences have you had that may be useful to you serving with this centre/program?

Is there any other information that you would like to provide?

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**Job Descriptions**

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A Child Abuse Record Check and/or a Police Record Check may be required for certain volunteer positions. Do you give your permission for this check?    Yes            No

Please provide two references that we can contact, one personal and one volunteer related.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Dated \_\_\_\_\_

**Our organization encourages the participation of all members of  
the community we serve.**

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