

# Volunteer Registration Form

Thank you for your interest in volunteering your time at our organization. The following information will assist us in determining your interests and abilities for a prospective volunteer service assignment, and provide other information required for administrative purposes. This registration information will form part of your volunteer profile.

## Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

How did you learn about our volunteer program?: \_\_\_\_\_

## Occupation/Employment History:

Are you currently employed?  Yes  No Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

May we contact you at work  Yes  No Other Work Experience: \_\_\_\_\_

## Education/Training:

If you are currently a student, please indicate: School: \_\_\_\_\_

Grade or Level: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Please describe any past education/training that you have done: \_\_\_\_\_

## Abilities:

What hobbies/skills/interests do you have which might benefit your volunteer service (first aid, class IV drivers license, etc.)?: \_\_\_\_\_

Do you speak/write languages other than English that you would like to utilize in your placement? (please specify): \_\_\_\_\_

## Volunteer Experience:

Are you presently a volunteer?:  Yes  No Where?: \_\_\_\_\_

Have you had previous experience as a volunteer?:  Yes  No

If yes, please describe: \_\_\_\_\_

How many hours per week/month are you willing to volunteer? \_\_\_\_\_ hours per \_\_\_\_\_  
Specify Week or Month

What Days Are you Available?:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What Time of Day are you available?:  Mornings  Afternoons  Evenings (check all that apply)

Available for special events or outings:  Yes  No

## Interests:

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Why are you interested in volunteering at our organization? \_\_\_\_\_

What type of volunteer opportunities are you looking for? \_\_\_\_\_

In which of the following areas would you be interested in volunteering?: (check all that apply)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Public speaking | <input type="checkbox"/>           |

## Screening:

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Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. A police records check may be required and reference checks are required for all volunteers. Please provide the names of two references that we may contact.

Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Reference checks are required for all volunteers. Police records checks are required for a number of positions. I understand that I do not have to agree to these background checks, but that refusal to do so may exclude me from being considered for a volunteer placement.

If requested, are you willing to submit to a police records check?  Yes  No

We would like to contact two references (school, business or volunteer related, no family or friends):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this reference: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this reference: \_\_\_\_\_

## Commitment:

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1. I agree to adhere to the Department of Volunteer Services policies, rules and regulations.
2. I agree to volunteer for this organization for a minimum of three months.
3. I agree to attend a formal Volunteer Orientation and complete the required training.
4. I understand that false information on this application may be cause for termination of volunteer services.

\_\_\_\_\_  
Signature of Applicant. Date: \_\_\_\_\_

\_\_\_\_\_  
If applicant is under 19, please add name and signature of parent/guardian Date: \_\_\_\_\_

*Personal Information contained on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act and will be used only for the purposes indicated.*

Please return the completed form to: Name/address/fax number

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted: \_\_\_\_\_ Initial Position: \_\_\_\_\_

**For Office Use Only:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Application Received | <input type="checkbox"/> Interview Scheduled        | <input type="checkbox"/> Interview Completed |
| <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Criminal Check Received    | <input type="checkbox"/> References Checked  |
| <input type="checkbox"/> Welcome Letter Sent  | <input type="checkbox"/> Volunteer agreement signed |  |

Comments: \_\_\_\_\_

Some questions may bring to light information that could possibly discriminate against a volunteer or deemed unnecessary in the application process. These questions should be added to a volunteer's file once the volunteer has been offered a volunteer position:

\*Date of Birth (*OPTIONAL*): \_\_\_\_\_ / \_\_\_\_\_  
Month Day

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any medications, disabilities or health issues that we should be aware of in case of an emergency (allergies, contact lenses): \_\_\_\_\_

*\* Many organizations like to record the date of birth to send the volunteer a birthday card or provide some other form of recognition. Often the volunteer will write down the full date of birth, including the year, therefore it is better to collect this information once the volunteer has already been accepted.*