

VOLUNTEER APPLICATION FORM

ORGANIZATION NAME HERE

Personal information collected on this form is protected by: **ORGANIZATION NAME**
(PLEASE PRINT CLEARLY)

NAME: _____
MR. MISS MRS. DR. OTHER: _____

MAILING ADDRESS: _____
CITY/TOWN: _____
PROVINCE: _____ POSTAL CODE: _____

PHONE # (HOME): _____
MAY WE CONTACT YOU AT WORK? YES NO
EMAIL: _____ PHONE #: _____

DOES ANYONE AT THIS ADDRESS ALREADY VOLUNTEER AT
ORGANIZATION XX? YES NO
HAVE YOU VOLUNTEERED WITH US BEFORE? YES WHAT YEAR? _____ NO

IN CASE OF EMERGENCY, CONTACT: _____
RELATIONSHIP: _____ PHONE #: _____

DO YOU HAVE A HEALTH ISSUES THAT WOULD AFFECT YOUR DUTIES?
YES NO PLEASE EXPLAIN: _____

AGE GROUP: 16 - 19 20 - 60 60+
BIRTHDAY: MONTH: _____ DAY: _____

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EDUCATION: PLEASE LIST ANY FORMAL/INFORMAL TRAINING OR EDUCATION YOU FEEL WOULD BE IMPORTANT:

PLEASE INCLUDE ANY COMMENTS, OR INFORMATION THAT YOU FEEL MAY BE OF IMPORTANCE:

- MY EMPLOYER OFFERS A TIME-OFF PROGRAM FOR VOLUNTEERS
 MY EMPLOYER OFFERS A DONATION-MATCHING PROGRAM

HOW DID YOU BECOME AWARE OF THE VOLUNTEER OPPORTUNITIES AT ORGANIZATION XX?

- A VISITOR TO THE ORGANIZATION ORGANIZATION STAFF/VOLUNTEER
 WORD OF MOUTH BROCHURE ADVERTISEMENT SOCIAL MEDIA
 OTHER: _____

WHAT WOULD YOU LIKE TO GET OUT OF YOUR EXPERIENCE AS AN ORGANIZATION XX VOLUNTEER?

- LEARNING ABOUT XX CAREER RELATED SHARE KNOWLEDGE
 PRACTICUM/WORK EXPERIENCE CONTRIBUTE TO COMMUNITY
 OTHER: _____

AVAILABLE FOR SHORT-TERM VOLUNTEER POSITIONS? YES NO

- MONTHLY COMMITTEE DROP-IN CENTRE NEWSLETTER
 ONLINE/COMPUTER BASED OFFICE ASSISTANT SPECIAL EVENTS

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SELECT VOLUNTEER POSITIONS THAT ARE OF INTEREST TO YOU:

- | | | |
|---|--|---|
| <input type="checkbox"/> BOARD MEMBER | <input type="checkbox"/> GREETER | <input type="checkbox"/> SPEAKER |
| <input type="checkbox"/> ADVOCATE | <input type="checkbox"/> DRIVER | <input type="checkbox"/> INCOME TAX PROGRAM |
| <input type="checkbox"/> DROP-IN CENTRE | <input type="checkbox"/> PEER COUNSELING | <input type="checkbox"/> INTERNET/COMPUTER |
| <input type="checkbox"/> OFFICE ASSISTANT | <input type="checkbox"/> TRANSLATOR | <input type="checkbox"/> STABLE HAND |
| <input type="checkbox"/> FRIENDLY VISTOR | <input type="checkbox"/> WEBSITE | <input type="checkbox"/> RECEPTION |
| <input type="checkbox"/> VOLUNTEER
COORDINATOR | <input type="checkbox"/> LEAD EVENT
VOLUNTEER | <input type="checkbox"/> COMMITTEE MEMBER |

SKILLS, INTERESTS, & HOBBIES THAT YOU WOULD BE WILLING TO VOLUNTEER:

ON OCCASION, THE **ORGANIZATION XX** REQUIRES INFORMAL LANGUAGE INTERPRETERS TO CONVERSE WITH CLIENTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH. IF YOU WOULD LIKE TO HELP IN THIS AREA, PLEASE SPECIFY THE LANGUAGES SPOKEN OTHER THAN ENGLISH:

AVAILABILITY FOR LONG-TERM VOLUNTEER POSITIONS/PROJECTS:

- | | | |
|--|--|--|
| <input type="checkbox"/> MORNINGS | <input type="checkbox"/> AFTERNOONS | <input type="checkbox"/> EVENINGS |
| <input type="checkbox"/> WEEKDAYS | <input type="checkbox"/> WEEKENDS | <input type="checkbox"/> OCCASIONAL |
| <input type="checkbox"/> SPRING SEASON | <input type="checkbox"/> SUMMER SEASON | <input type="checkbox"/> REMOTE AT MY HOME |
| <input type="checkbox"/> FALL SEASON | <input type="checkbox"/> WINTER SEASON | |

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THE **ORGANIZATION XX** IS COMMITTED TO THE SAFETY & SECURITY OF ITS VOLUNTEERS, STAFF, CLIENTS, COMMUNITY, & RESOURCES ENTRUSTED TO ITS CARE.

A RISK ASSESSMENT IS CONDUCTED FOR EACH VOLUNTEER POSITION.

DEPENDING ON THE RISK IDENTIFIED THE ORGANIZATION MAY USE 1 OR MORE OF THE FOLLOWING SCREENING TOOLS:

- DRIVING RECORD CHECK
- REFERENCE CHECK
- CRIMINAL RECORD CHECK
- CHILD WELFARE CHECK
- ADDITIONAL SOURCES PROVIDED ON THE APPLICATION & IN THE INTERVIEW

I GIVE PERMISSION TO THE **ORGANIZATION XX** TO OBTAIN INFORMATION REGARDING MY EMPLOYMENT VOLUNTEER & PERSONAL BACKGROUND. I ALSO CERTIFY THAT THE INFORMATION PROVIDED ON THIS VOLUNTEER REGISTRATION FORM IS TRUE & COMPLETE. I UNDERSTAND & AGREE THAT FALSE STATEMENTS MAY DISQUALIFY ME FROM VOLUNTEERING OR RESULT IN DISMISSAL. I AGREE TO ABIDE BY THE POLICIES & PROCEDURES OF THE **ORGANIZATION XX**. YOUR SIGNATURE CONFIRMS YOUR UNDERSTANDING & ACCEPTANCE OF THE INFORMATION CONTAINED IN THIS FORM.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

OFFICE USE ONLY:

INTERVIEWER: _____ DATE: _____

REQUIRED:

- | | | |
|--|---|---|
| <input type="checkbox"/> MEDICAL CHECK | <input type="checkbox"/> REFERENCE CHECK | <input type="checkbox"/> DRIVING RECORD CHECK |
| <input type="checkbox"/> OATH OF CONFIDENTIALITY CHECK | <input type="checkbox"/> DRIVING RECORD CHECK | <input type="checkbox"/> OTHER: _____ |

FOLLOW UP: _____

