

VOLUNTEER APPLICATION FORM

FULL NAME: _____ DATE: _____
ADDRESS: _____ APT: _____ POSTAL CODE: _____
CITY: _____ AGE GROUP: 13-18 19-24 25+ I PREFER TO BE
CONTACTED BY:
 HOME PHONE #: _____ CELL #: _____
EMAIL: _____
OCCUPATION: _____ EMPLOYER: _____
WORK #: _____ IS IT OKAY TO CONTACT YOU AT WORK? YES NO
EMERGENCY CONTACT: _____ PHONE #: _____

I AM A STUDENT OF:

HIGH SCHOOL: _____ I NEED TO COMPLETE MY 40 HOURS? YES NO
 COLLEGE/UNIVERSITY: _____ MY FIELD OF STUDY: _____
 OTHER: _____

PAST VOLUNTEER EXPERIENCE: _____

SPECIAL SKILLS/INTERESTS/HOBBIES: _____

I CAN LEGALLY DRIVE IN ONTARIO I HAVE FIRST AID & CPR TRAINING EXP. DATE: _____

LANGUAGE(S) - OTHER THAN ENGLISH AND FRENCH

_____ SPEAK READ WRITE _____ SPEAK READ WRITE
_____ SPEAK READ WRITE _____ SPEAK READ WRITE

THE FORM CONTINUES ON THE REVERSE SIDE →

PLEASE INDICATE DAYS AND TIMES THAT YOU ARE AVAILABLE:

	SUN	MON	TUE	WED	THU	FRI	SAT	TIME AVAILABLE
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DATE AVAILABLE TO START: _____ **IF APPLICABLE, DATE TO FINISH:** _____

PLEASE INDICATE THE TYPE(S) OF VOLUNTEER ACTIVITIES YOU ARE INTERESTED IN:

- LINC (Language Instructions for Newcomers to Canada) GIRLS CLUB
- COMMUNITY SERVICES/OUTREACH OFFICE SUPPORT/CLERICAL HOMEWORK CLUB
- EVENT PLANNING/ORGANIZING NEWCOMER YOUTH PROGRAM CHILDREN'S READING CLUB
- AFTER SCHOOL YOUTH PROGRAM SENIORS PROGRAM ONTARIO EARLYON OTHER _____

EXPLAIN BRIEFLY ANY TYPE WORK THAT YOU DO NOT WANT TO DO: _____

DO YOU HAVE ANY HEALTH RELATED OR OTHER CONCERNS THAT MIGHT PREVENT YOU FROM DOING CERTAIN TASKS? NO YES, EXPLAIN: _____

REFERENCES (OTHER THAN FAMILY):

1. SUPERVISOR/EMPLOYER/TEACHER/PASTOR

NAME: _____

RELATIONSHIP: _____

EMAIL: _____

PHONE #: _____

2. CHARACTER REFERENCE:

NAME: _____

RELATIONSHIP: _____

EMAIL: _____

PHONE #: _____

I hereby certify that all information given in this application is true, complete, and correct. I understand that this application does not guarantee acceptance into the program and that providing any false information will be cause for termination. I agree to participate in orientation or training sessions as requested and to respect the confidentiality of all information I may have access to at Malton Neighbourhood Services. I understand that MNS is committed to providing a safe environment, and as a result, a criminal records check is required for all volunteers involved in direct service to children and "vulnerable adults".

APPLICANT'S SIGNATURE: _____ **DATE:** _____

(IF YOU ARE UNDER THE AGE OF 19 A PARENT OR GUARDIAN MUST ALSO SIGN AT THE BOTTOM OF THIS PAGE, THEREBY GRANTING YOU PERMISSION TO PARTICIPATE IN VOLUNTEER ACTIVITIES)

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Please return Application to: Marcia Glasgow - Volunteer Coordinator