

VOLUNTEER APPLICATION

Please Print			
Last Name:	First Name:	Preferred Name:	Telephone (home):
Address:			Telephone (cell):
City:	Province:	Postal Code:	Telephone (business):
FAX:	Email Address:	Emergency Contact: Name:	
		Telephone:	

SKILLS

Occupation:	Education:	Special Training:
Hobbies and Interests:		

REFERENCES

Name: _____	Name: _____
Relationship (not related): _____	Relationship (not related): _____
Email : _____	Email : _____
Telephone: _____	Telephone: _____
Best time to contact: ____ a.m. ____ p.m.	Best time to contact: ____ a.m. ____ p.m.

Preferred Times Available

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Preferred Volunteer Activity

Your Preference

<input type="checkbox"/>	Recreation and Leisure Program
<input type="checkbox"/>	Friendship/Buddy
<input type="checkbox"/>	Special Events (Bowl-a-thon, Golf)
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Physiotherapy
<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	Other:

Reasons for Volunteering:

Previous Volunteer Experience:

I will commit to: 8 months 1 year _____ (other)

AUTHORIZATION AND RELEASE

Any information received during my volunteer period concerning the personal, financial or other private affairs of the consumer(s) of Participation House Support Services will be treated by me in strict confidence and will not be divulged.

I also understand that the information that I have provided in this Application to Volunteer will be verified by Participation House Support Services. I hereby grant permission to Participation House to contact any persons who might be able to verify the information.

The confidential information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be maintained on file. This information will be used for volunteer program planning purposes. If you require further information about this collection contact the Community Development Coordinator at (519) 435-1997, fax (519) 435-0919.

Signature: _____ Date: _____

Office Use Only

Interview Completed References checked Police Check Orientation Attended Evaluation

Interview notes:

Date:

Interviewer: