

VOLUNTEER APPLICATION

Please Print

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Last Name:	First Name:	Middle Name:	Common Name:
Address:			Telephone (home):
City:	Province:	Postal Code:	Telephone (business):
FAX:	Email Address:	Emergency Contact: Name:	
		Telephone:	

SKILLS

Occupation:	Education:	Special Training:
Related Skills:	Language (including Sign):	Life Skills:
Hobbies and Interests:		

REFERENCES

Reference (not related): Name: _____ Address: _____ Postal Code: _____ Telephone: _____	Reference (not related): Name: _____ Address: _____ Postal Code: _____ Telephone: _____
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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"/>	Community Connections (Church, Sports, etc)
<input type="checkbox"/>	Skill to Share (Gardening, Cooking, etc)
<input type="checkbox"/>	Skill to Give (Gardener, Sewer, Fixer, etc)
<input type="checkbox"/>	Special Events (Bowl-a-thon, etc)
<input type="checkbox"/>	High School Community Service
<input type="checkbox"/>	Other:

Reasons for Volunteering:

Previous Volunteer Experience:

I will commit to: 6 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: _____

For Volunteers under the age of 18, parental /guardian consent is required:

I/we, _____ are the legal guardians of _____. I/we give consent for him/her to offer service to Participation House Support Services - London and Area on a volunteer basis.

Signature: _____ Date: _____

Office Use Only

Interview Completed References checked Police Check Orientation Attended Evaluation

Interview notes:

Date:

Interviewer: