



Volunteer Application Form

PERSONAL INFORMATION					
First Name		Last Name		Middle Name	
Address:					
Street		P.O. Box	City/Town		Postal Code
Telephone:					
Home		Work		Cell	
Email Address (if applicable)					
Can you be reached at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the best time to contact you?					
How do you prefer to be contacted?					
Do you have any restrictions or limitations that would prevent you from heavy lifting? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Language Spoken:					
<input type="checkbox"/> English		<input type="checkbox"/> French		<input type="checkbox"/> Other: _____	
CONTACT IN CASE OF EMERGENCY					
First Name		Last Name		Middle Name	
Address:					
Street		P.O. Box	City/Town		Postal Code
Telephone:					
Home		Work		Cell	
Relationship					
AREA OF INTEREST					
Please indicate your area(s) of interest:					
<input type="checkbox"/> Driving	<input type="checkbox"/> Tutor	<input type="checkbox"/> Mentor /Special Friend			
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Child Care	<input type="checkbox"/> Other: _____			

MOTOR VEHICLE INFORMATION (IF INTERESTED IN BEING A VOLUNTEER DRIVER)

Do you have a valid Ontario Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License Class					
Amount of Liability Insurance					
Insurance Company					
Vehicle Make		Model		Year	
Has your insurance company been notified that your vehicle will be used for volunteer driving?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your vehicle reliable?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your vehicle equipped with safety belts?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your vehicle equipped with car seat anchors?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have collision coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a safe driving record?					<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION – PROFESSIONAL TRAINING

EMPLOYMENT – VOLUNTEER HISTORY

How did you hear about volunteer work with our Agency?

Why do you want to volunteer?

Do you know anyone connected with the Agency? (staff, client, volunteer) Yes No

Please list your previous experiences working with children.

Please list your interest, hobbies, skills that will be helpful in the volunteer role.

CRIMINAL REFERENCE CHECK INFORMATION

* A Criminal reference Check including a vulnerable sector check is a requirement for volunteering. Please see attached form.

Have you been convicted of a criminal offence for which you have not received a pardon?

Yes No

AVAILABILITY

	Daytime Hours	Evening Hours
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Other (i.e. Summer Months)	_____	

REFERENCES

Important:** All information concerning both references ***Must be Complete.

Professional Reference

First Name

Last Name

Telephone:

Home

Work

Cell

Personal Reference

First Name

Last Name

Telephone:

Home

Work

Cell

Additional Reference

First Name

Last Name

Telephone:

Home

Work

Cell

PERMISSION TO CONDUCT REFERENCE CHECKS

I, _____, herby authorize NEOFACS to solicit references from the above named individuals in connection with my application to the volunteer program and release them from any liability in regard to the same.

Signature: _____

Date: _____

VERIFICATION STATEMENT

I, _____, have completed this application honestly and as fully as possible. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or may result in dismissal. I understand that volunteers are chosen and placed at the discretion of the Agency. I agree to attend the required training session(s) and any other workshops deemed necessary by the Coordinator of Volunteer Services.

Signature: _____

Date: _____