

# APPLICATION FORM

PERSONAL INFORMATION			
<b>First Name</b>		<b>Last Name</b>	<b>Middle Name</b>
<b>Address:</b>			
<b>Street</b>		<b>P.O. Box</b>	<b>City/Town</b>
			<b>Postal Code</b>
<b>Telephone:</b>			
<b>Home</b>		<b>Work</b>	<b>Cell</b>
<b>Email Address (if applicable)</b>			
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			
Do you have any limitations that may affect your ability to transport clients safely, or to drive a vehicle safely? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Language Spoken:</b>			
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			
CONTACT IN CASE OF EMERGENCY			
<b>First Name</b>		<b>Last Name</b>	<b>Middle Name</b>
<b>Address:</b>			
<b>Street</b>		<b>P.O. Box</b>	<b>City/Town</b>
			<b>Postal Code</b>
<b>Telephone:</b>			
<b>Home</b>		<b>Work</b>	<b>Cell</b>
<b>Relationship</b>			

**AREA OF INTEREST**

Please indicate your area(s) of interest:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Driving                       | <input type="checkbox"/> Tutor                          | <input type="checkbox"/> Special Friend               |
| <input type="checkbox"/> Campaign Support              | <input type="checkbox"/> Christmas Angel Campaign       | <input type="checkbox"/> Volunteer Program Support    |
| <input type="checkbox"/> Child Care                    | <input type="checkbox"/> Child Care, Foster Care Relief | <input type="checkbox"/> Child Care, EarlyON Services |
| <input type="checkbox"/> Restorative Justice Volunteer | <input type="checkbox"/> Other:                         |   |

**MOTOR VEHICLE INFORMATION (IF INTERESTED IN BEING A VOLUNTEER DRIVER)**Do you have a valid Ontario Driver's Licence?  Yes  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?  Yes  NoIs your vehicle reliable?  Yes  NoIs your vehicle equipped with safety belts?  Yes  NoIs your vehicle equipped with car seat anchors?  Yes  NoIs your vehicle equipped with car seat anchors?  Yes  NoDo you have a safe driving record?  Yes  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:**

<b>First Name</b>	<b>Last Name</b>
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**Telephone:**

<b>Home</b>	<b>Work</b>	<b>Cell</b>
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**Personal Reference:**

<b>First Name</b>	<b>Last Name</b>
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**Telephone:**

<b>Home</b>	<b>Work</b>	<b>Cell</b>
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**Additional Reference:**

<b>First Name</b>	<b>Last Name</b>
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**Telephone:**

<b>Home</b>	<b>Work</b>	<b>Cell</b>
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**PERMISSION TO CONDUCT REFERENCE CHECKS**

I, \_\_\_\_\_, hereby 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: \_\_\_\_\_