

Volunteer Application

Personal Contact Information

Name: _____

Address: _____

Mailing Address: _____

E-mail: _____ DOB: _____

Can we contact you by e-mail?

Phone number (home): _____

Phone number (cell): _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone number: _____

Health information you should know about me: _____

I speak the following languages in addition to English: _____

Volunteer Opportunities (please pick areas of interest)

- | | |
|---|---|
| <input type="checkbox"/> Food Cupboard (Stocking, downsizing, assisting clients) | <input type="checkbox"/> Food Delivery - Outreach |
| <input type="checkbox"/> Food Market | <input type="checkbox"/> Program Admin Assistance |
| <input type="checkbox"/> Food Cupboard - Meal preparation (soups, etc) | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Exercise instructors | <input type="checkbox"/> Conduct Surveys (either in person or over the phone) |
| <input type="checkbox"/> Friendly Telephone Check In Calls | <input type="checkbox"/> Client and Family Advisory Roundtable |
| <input type="checkbox"/> Health Champion - Social Prescribing Program Support | <input type="checkbox"/> Community Garden |
| <input type="checkbox"/> Episodic Opportunities (folding, preparing envelopes, mail outs, Diabetes Expo, etc) | <input type="checkbox"/> Appointment confirmation (<i>telephone calls</i>) |

Other skills and interest you would be willing to share in a volunteer capacity (i.e. art, knitting, fishing, walking groups, translation support etc.)

Availability: Please let us know more about your availability to volunteer.

Days of the week:

- Monday Tuesday Wednesday Thursday Friday

Times available: Morning Afternoon Evening

Comments _____

Experience and Skills

Please tell us about your work experience, skills and any relevant qualifications:

Please tell us about any relevant volunteer experience you have had:

Please tell us about your interests and hobbies. This will help us match you to appropriate volunteer opportunities:

References: Please try to include one professional (i.e. someone you worked with or volunteered for) and one personal (i.e. a friend who can speak about your character and skills)

1st Reference:

Name: _____ Relationship to you: _____

Phone numbers: _____

Email Address: _____

2nd Reference:

Name: _____ Relationship to you: _____

Phone numbers: _____

Email Address: _____

Would you like to be added to our mailing list to receive our quarterly newsletter and updates about the CHCN? YES NO

I certify that the above information is true and complete. I agree that this information may be verified and my references may be contacted. If accepted for volunteer placement, I will comply with the values and procedures in effect or revisions which may be issued in the future.

Signature: _____ Date: _____

If you are offered a volunteer role during the interview, you will be required to submit a police check with vulnerable sector screening. If you already have one completed within the last year and is the original copy, please bring this to your interview. Otherwise, a volunteer letter will be issued to you to take to the police station at your interview.