

## Volunteer Application

### Personal Contact Information

Name You Go By: \_\_\_\_\_

Legal Name (as on Health Care, if different from above): \_\_\_\_\_

Pronouns (check all that apply):

she/her/hers    he/him/his    they/them/theirs    Prefer not to answer

Not listed (please specify): \_\_\_\_\_

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)

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|---|--|
| <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"/> Client and Family Advisory Roundtable               |
| <input type="checkbox"/> Friendly Telephone Check In Calls  | <input type="checkbox"/> Tech Tutor – Digital Equity                         |
| <input type="checkbox"/> Health Champion - Social Prescribing Program Support                                     | <input type="checkbox"/> Community Garden                                    |
| <input type="checkbox"/> Episodic Opportunities (folding, preparing envelopes, mail outs, conducting surveys 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.)

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

**Days of the week:**

- Monday    Tuesday    Wednesday    Thursday    Friday

**Times available:**    Morning (8am to 12pm)    Afternoon (12pm to 5pm)

Comments \_\_\_\_\_

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## Experience and Skills

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

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

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

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**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)**

1<sup>st</sup> Reference:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

2<sup>nd</sup> 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.