



**community
resource centre**

OF NORTH AND CENTRE WELLINGTON

Volunteer Application Form

SECTION ONE: Personal Information

Date	
Volunteer Name	
Address	
Daytime Phone	
Evening Phone	
Email Address	
Date of Birth (optional)	
Languages Spoken	English French Other:
Emergency Contact #1	Name: Relationship: Phone #: Cell Phone #:
Emergency Contact #2	Name: Relationship: Phone #: Cell Phone #:

SECTION TWO: Interest and Availability

How did you hear about the Community Resource Centre volunteer position?								
What appeals to you about volunteering?								
Please indicate your weekly availability		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Morning							
	Afternoon							
	Evening							
Would you be available for short notice appointments? (same day or within 24 hours) <input type="checkbox"/> YES <input type="checkbox"/> NO								
OR would you always require advance notice (at least 24 hours) in order to be available for a scheduled shift? <input type="checkbox"/> YES <input type="checkbox"/> NO								
How much time would you like to volunteer on a weekly basis?								
Are there any health concerns you have that we should be aware of that may affect your ability to perform your volunteer duties (allergies, physical limitations)? 								

SECTION THREE: Employment/Skills/Experience

Current Employer (if applicable):
Occupation:
Current or Previous Work Experience:
Current or Previous Volunteer Experience:

Relevant Training Experience:
Special Skills, Interest, Hobbies, Committee Membership:
Personal Achievements you would like to share:

SECTION FOUR: Character References and Screening Tools

As part of our screening process volunteers are required to provide two references from people who are not related to them. A police record check is also required as part of the screening process. Please complete the following section with the understanding that an offer of a volunteer position is contingent upon a review of the screening tools we utilize.

Reference #1:

Name	
Day time phone #	
Organization and Title (if applicable)	
Address	
Length of time you have known this person	
What is the nature of the relationship with this person (i.e. employer, community leader etc.)	

Reference #2:

Name	
Day time phone #	
Organization and Title (if applicable)	
Address	
Length of time you have known this person	
What is the nature of the relationship with this person (i.e. employer, community	

leader etc.)	
--------------	--

Are you willing to complete a Police Record Check? YES NO

SECTION FIVE: Authorization

The information provided through this volunteer application process is confidential and will be used only for the administration of your application and resulting volunteer work with the Community Resource Centre. Your completion and signature of this application form authorizes the Community Resource Centre to contact the references you have provided and verify the information you have provided above.

Signature	
Date	

Thank you for your interest in the Community Resource Centre and our Volunteer Driving Program. After reviewing your application we will contact you to schedule an interview. We look forward to meeting with you. If you know a friend or relative who may also be interested in volunteering with our organization please let them know about our programs or have them contact our office.

THANK YOU!

COORDINATOR COMPLETES THIS SECTION

Date Applied	
Position	
Checklist complete	
Orientation session date	
Follow up date	
Annual check in date	
Inactive date	
Exit date	