



Volunteer Application Form

Please be assured that the information submitted on your application form will be treated confidentially. Please Print.

FIRST & LAST NAME

RESIDENCE

Address _____

Phone _____ E-mail _____

Postal Code _____

EMPLOYER

Name _____

Your Title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact: Work () Residence ()

How old are you? 12-15 Years () 16-19 Years () 20 + Years ()

Emergency Contact: _____
Name Number

What language other than English do you speak or write (if any). _____

What time and days would you prefer to volunteer? (Please checkmark appropriate boxes to indicate the times you would be available in a typical week).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

Have you previously been involved with other volunteer services? Yes () No ()

If yes, please list the agency, type of work done, and when you were involved.

Agency	Type of Work	Years Involved
1. _____		
2. _____		
3. _____		

What special strengths do you have?

What work and/or educational experience have you had that would relate to this volunteer position?

What type of transportation do you have access to? Car, City Transit, Other: _____

Thank-you for completing this application. We are required to ask about and check your criminal history before we will process a clearance form. Having a criminal history will not necessarily preclude the applicant from being a volunteer. I authorize the police to do a criminal history. I understand that I will be under the direction and guidance of the Board of Directors and the Police Coordinators. I understand that I may be required to pledge an oath of secrecy. I have read the above and agree to abide by the conditions set out therein.

Signed: _____ Date: _____