

# Volunteer Application Form



Volunteers play a vital role in Southbridge’s Residences and Homes. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the Privacy Policy Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

PERSONAL INFORMATION					
Last Name:		First Name:		Middle Initial:	
Preferred Name:		Home Phone:		Alternate Number:	
Address:					
City:		Province:		Postal Code:	
Email address:			Birthday (optional):		
EMERGENCY CONTACT					
In the case of an emergency, contact:					
Name:		Relationship:		Telephone:	

TELL US ABOUT YOURSELF...
EDUCATION:
WORK EXPERIENCE:
PREVIOUS VOLUNTEER EXPERIENCE:
SKILLS:
OTHER LANGUAGES SPOKEN:
HOBBIES AND INTERESTS:

REASONS FOR VOLUNTEERING (E.g. general interest, co-op placement, student hours, work experience, etc.)

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AREAS OF INTEREST FOR VOLUNTEERING	
<input type="checkbox"/> One to one visits	<input type="checkbox"/> Assist with special programs (for example, music, art, technology, etc.)
<input type="checkbox"/> General administration	<input type="checkbox"/> Outings
<input type="checkbox"/> Recreation programs	<input type="checkbox"/> Other: _____

AVAILABILITY:
Prefer weekdays: <input type="checkbox"/> AM <input type="checkbox"/> PM   <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Prefer weekends: <input type="checkbox"/> AM <input type="checkbox"/> PM   <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Approximate length of commitment: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other:

REFERENCES (Employment/Education Contacts Preferred)	
Name:	Phone:
Relationship to you:	Years Known:
Name:	Phone:
Relationship to you:	Years Known:
Name:	Phone:
Relationship to you:	Years Known:

I hereby declare that the information given in this application form is true. I agree to abide by the Southbridge's rules and regulations and to keep all information confidential. I know of no medical or other reason I should not become a volunteer at this Residence/Home.

Signature of Volunteer: \_\_\_\_\_

Date: \_

Signature of Guardian,  
(if under 18 years of age) \_\_\_\_\_

Date: \_

Application reviewed by: \_\_\_\_\_

Date: \_

FOR OFFICE USE ONLY					
<i>Date Received:</i>		<i>Interview Date:</i>		<i>Orientation Date:</i>	
<i>References &amp; police check</i>		<i>Role:</i>		<i>Start Date and Time:</i>	