



Humber Community Seniors' Services INC.

1167 Weston Road, Weston, Ontario M6M 4P5
(416) 249-7946 phone (416) 249-4219 fax info@humber seniors.org

VOLUNTEER APPLICATION FORM

We appreciate your interest in volunteering with Humber Community Seniors' Services Inc. Please complete this form and return it to our office. Please note that reference letters will only be given out after completion of three months with thirty hours of volunteer service.

Our screening process includes a Police Records Check – any unpardoned criminal convictions will disqualify an applicant.

First name: _____ Last name: _____

Street: _____ Unit #: _____

City: _____ Postal code: _____

Home phone: _____ Work phone: _____ e-mail address _____

Emergency contact: _____ Phone: _____

Please tell us about your background:

Are you a student? _____

Are you currently employed? _____ Current position: _____

What is your place of employment? _____

If no, are you retired? _____

Your volunteer experience:

Have you volunteered before? _____

If yes, where? Please provide the following information:

Name of organization: _____ Volunteer position: _____

Duration of volunteer work: Less than 6 months 6 to 12 months 12 months +

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How did you hear about our agency? _____

What kind of volunteer work interests you? Please check preferences below:

Meals on Wheels Server *Meals on Wheels Driver *Transportation Driver

Caring Garden - Adult Day Program Telephone Reassurance

Escorted Monthly Outings Special Events Reception Desk Assistant

Agency Promotion Committee Participation

* these positions require a valid Driver's license and a clean driving record.

What are your objectives in volunteering with us? Check all that apply:

Make a worthwhile use of free time Explore a new career

Develop new skills Enhance personal growth

Have fun and meet people Help others

Other: _____

Please list any hobbies, special skills, education or training that you have, that might be relevant to our clients' needs:

What languages are you comfortable with?	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When are you available to volunteer? Check all that apply:

- Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons Evenings Weekends Other

We will protect and respect your privacy. Your personal information is used only for volunteer application purposes. Our Privacy Statement is available anytime, upon request. This Agency has adopted the Code for Volunteer Involvement in all its policies, practices and procedures.

References:

Please provide three non-family references. At least one reference should include a person familiar with your work/education/volunteer history, i.e. a supervisor, co-worker, volunteer supervisor, teacher, professional.

1. Name: _____ Telephone #: _____

How does this person know you? _____

How long has this person known you? _____

2. Name: _____ Telephone #: _____

How does this person know you? _____

How long has this person known you? _____

3. Name: _____ Telephone #: _____

How does this person know you? _____

How long has this person known you? _____

Permission Statement:

I give Humber Community Seniors' Services Inc. permission to contact the above references in order to discuss my suitability as a volunteer.

Your signature: _____ Date: _____

Please note that if you are 18 years of age or under, you must have a parent/legal guardian sign, giving you permission to volunteer for Humber Community Seniors' Services Inc..

Parent/Guardian Signature: _____ Date: _____

I hereby declare that the foregoing information is true and complete, to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Your signature: _____ Date: _____

Form # V.01
Revised October 2011