



Volunteer Application

Last Name: _____ First Name: _____

Gender: Male Female Other

Address: _____

City: _____ Postal Code _____

Home #: _____ Cell #: _____ Business #: _____

E-Mail Address: _____

For funding statistical data and recognition. Date of Birth: (m/d/y) _____

How did you find out about volunteering with Caledon Community Services?

Do you consent to a Police Vulnerable Sector Screening? Yes No

Languages(s) Spoken? _____

Emergency Contact: (Name) _____ (Tel No.) _____

Relationship: _____

Experience & Availability

What days and times would be most suitable for you to volunteer?

Daytime Evenings Weekends One Time Event No preference

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Why do you want to volunteer?

Do you have any previous volunteer work? If so, please list:

Do you have any physical limitations which might limit your ability to perform certain types of work? _____

Which age of people would you enjoy working with?

Teenagers Adults Seniors No Preference

What are your skills or interests for volunteering?

- Advocacy
- Arts
- Board Membership
- Cashier
- Child Care
- Clerical
- Committee
- Community Outreach
- Computer instruction
- Cook
- Crafts
- Dance
- Differently Abled
- Driving
- Education
- Event Planner
- Fashion
- Finance
- Friendly Visiting
- Fundraising
- Gardening
- Graphic Design
- Handyperson
- Human Resources
- Languages
- Leadership
- Legal
- Literacy
- Maintenance
- Marketing
- Medical
- Music
- Needlework
- Nutrition
- Personal Shopper
- Photography
- Physical Fitness
- Physical Labour
- Public Speaking
- Reception
- Sales
- Seasonal
- Special Events
- Sports
- Telephone Communication
- Theatre
- Trades
- Tutoring
- Virtual
- Warehousing
- Website Design
- Woodworking
- Writer

Please provide two non family members that we may contact for a character reference.

Reference Name: _____ Phone number: _____

Email Address: _____

Best time to contact: _____ Relationship to you: _____

Reference Name: _____ Phone number: _____

Email Address: _____

Best time to contact: _____ Relationship to you: _____

I agree to allow the information that I have submitted to be used for volunteer referral within CCS. Along with this I allow the information on this sheet to be used for statistical purposes. I consent to the collection, storage and use of my personal information for the sole purpose of creating a volunteer file. I have provided the two non family references listed above and by doing so I give my permission for you to contact them as part of the screening process.

I agree to: perform assigned tasks to the best of my ability; be punctual and conscientious in the fulfillment of my duties; I agree to take any critical feedback or suggestions to their direct supervisor in a timely manner; accept supervision and evaluation of volunteer responsibilities; pledge to treat all clients, customers, volunteers, and staff equally.

Volunteers will not discriminate on grounds of race, ancestry, place of origin, color, ethnic origin, creed, sex, sexual orientation, age, marital status, record of offences, mental or physical challenges.

I, _____, have read and understand the terms listed in the Volunteer Contract and agree that I will follow these terms at all times while volunteering with CCS.

Signature: _____

Please print name: _____

Date: _____

Reference:

Date Developed: March 1, 2016

Date Approved: March 16, 2016