



SAINT ELIZABETH CENTRE FOR SOCIAL ASSISTANCE

СВЯТО-ЕЛИЗАВЕТИНСКИЙ ЦЕНТР СОЦИАЛЬНОЙ ПОДДЕРЖКИ

VOLUNTEER APPLICATION FORM

Last Name: _____

Given Name: _____

Gender: _____ Male / Female _____

Age group:

18 – 24 25 – 34 34 – 49 50 – 64 65+

Date of Birth (optional): _____

Language/s spoken: _____

Mobile: _____ Home: _____

Email: _____

Address: _____

Suburb: _____ Postal Code: _____

What kind of volunteer activities are you interested in?

Home and hospital visits
Training / Education classes (sessions)
Phone calls
Cultural and special events
Pickup and delivery (Transportation service)
Planned activity groups
Cooking

Translation/interpretation (Languages):

Resource development and fundraising
Social media, internet/technical support
Wherever I'm needed most

Other: _____

Do you have access to a vehicle that you would be willing to use while volunteering? Yes No

If yes, please specify: Car Other

Valid driver's license: _____

Please indicate the days and times of your availability for volunteer work:

Mornings Afternoons Evenings

Weekdays

Weekends

Have you done volunteer work before? If yes, what kind and for what organization?

Yes

No

Have you ever been convicted of an offence under the Youth Criminal Justice Act or Adult Law?

Yes

No

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Referees (Please provide the name and the contact of two people who have known you earlier either personally or professionally):

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Media Release

In signing below, I agree to be photographed, videotaped and/or recorded by Saint Elizabeth Centre for Social Assistance while participating in the volunteering with this organization.

Volunteer signature: _____ Date: _____

Authorization (required)

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended, to be a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Saint Elizabeth Centre for Social Assistance.

Volunteer signature: _____ Date: _____