

CITY CENTRE CARE SOCIETY

VOLUNTEER APPLICATION FORM

Please note:

- 1. We will invite you for an interview if we think there may be a good fit between us, and we have a current volunteer opportunity available*
- 2. All positions require a Criminal Record Check*

A. PERSONAL INFORMATION

MR / MRS / MISS / MS (Please select)

GIVEN NAME:

PREFERRED NAME:

ADDRESS:

EMAIL:

TELEPHONE:

ALTERNATE TELEPHONE/CELL:

ILLNESS OR DISABILITY OUR SOCIETY SHOULD BE AWARE OF:

EMERGENCY CONTACT PERSON:

RELATIONSHIP TO YOU:

CONTACT'S TELEPHONE:

B. BACKGROUND

CURRENT WORK or EDUCATION COURSE:

PROFESSIONAL CERTIFICATION:

WHAT SKILLS, INTERESTS OR EXPERIENCE WOULD YOU LIKE TO SHARE WITH OUR SOCIETY?

SPECIAL SKILLS (EG. SIGN LANGUAGE, COMPUTER PROGRAMS):

WHAT DO YOU KNOW ABOUT RESIDENTS OF THE DTES?

C. VOLUNTEERING

WHAT POSITION ARE YOU APPLYING FOR?

WHAT QUALITIES WOULD YOU BRING TO A VOLUNTEER POSITION?

WHY DO YOU WANT TO VOLUNTEER AT OUR SOCIETY?

DESCRIBE OTHER VOLUNTEER WORK YOU HAVE DONE:

HOW DID YOU HEAR ABOUT VOLUNTEERING AT OUR SOCIETY?

D. AVAILABILITY (Please check boxes)**

WEEKDAY: MONDAY AM PM

 TUESDAY AM PM

 WEDNESDAY AM PM

 THURSDAY AM PM

 FRIDAY AM PM

WEEKEND: SATURDAY AM PM

 SUNDAY AM PM

ANY ADDITIONAL INFORMATION ABOUT YOUR CURRENT AVAILABILITY?

VOLUNTEER SIGNATURE: _____

DATE: _____

FOR OFFICE USE

INTERVIEWED : _____

POSITION: _____

DATA ENTRY DATE / BY WHOM: _____