

Volunteer Application



COMMUNITY CARE
FOR CENTRAL HASTINGS

Please be sure to complete the entire form.

Contact Information

Name	
Street Address	
Mailing Address (If different from street address)	
City / Province / Postal Code	
Phone Number	
Date of Birth (mm/md/yyyy)	
E-Mail Address	

Person to Notify in Case of Emergency

EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	
Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|--|--|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Hidden Treasures | <input type="checkbox"/> Reassurance Calls |
| <input type="checkbox"/> Diners Club Entertainer | <input type="checkbox"/> Home Making | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Exercise Program | <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Foundation Board | <input type="checkbox"/> Meals on Wheels | |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Do You Drive?

YES NO

- | | |
|---|------------------------------|
| <input type="checkbox"/> Van | <input type="checkbox"/> 2dr |
| <input type="checkbox"/> Car | <input type="checkbox"/> 4dr |
| <input type="checkbox"/> Truck | <input type="checkbox"/> A/C |
| <input type="checkbox"/> Smoking permitted in vehicle | |

Vehicle Type:

Vehicle Colour:

CONTINUE ON BACK

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies or sports.

--

Previous Volunteer Experience

Have you had any previous experience as a volunteer?	YES	NO
With what organizations?		
What kind of work did you do?	Who were your supervisors? (please include contact numbers)	

Special Considerations

Summarize any special considerations Community Care for Central Hastings must be made aware of. Example: Cannot drive after sunset or cannot do any heavy lifting.

--

How Did You Hear About Us?

Another Volunteer Doctor's Office Hair Dressers Newspaper Posters
 Brochure Family Member Internet Other Agency Radio
 Church Friend Municipal Office Post Office Seniors Home
 Client From Event
 OTHER: _____

References

Please list the names of 2 references (not relatives).

Ref. 1 Name		Ref. 2 Name	
Ref. 1 Phone Number		Ref. 2 Phone Number	

Agreement and Signature

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from volunteering with Community Care for Central Hastings or cause my dismissal. I give permission to Community Care for Central Hastings to collect personal information appropriate to the position applied for and to contact my previous volunteer organization and references.

Name (printed)	
Signature	
Date	

