

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Community Living Kincardine and District! Our volunteers play an important role in enhancing the lives of individuals who have developmental disabilities and many diverse opportunities are available. In order to match prospective volunteers to the role that best suits their skills, experience and interests, it is helpful to know some personal information. It is useful, but not mandatory to fill in all the sections of this application.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone: _____

Email address: _____

Please sign me up for Community Living Kincardine & District's monthly E-Newsletters.

Check this box if you are under the age of 18 years Date of Birth (dd/mm/yy): _____

Please help us get to you know by sharing some of your skills, talents and personal interests:

How did you learn about our volunteer program?

What interests you about volunteering with Community Living Kincardine and District?

Please indicate your current availability with a checkmark:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

- Short term (1-3 months)
 Long term (3 months+)
 Seasonal
- 1-4 hours per month
 5-10 hours per month
 10+ hours per month

Please indicate your preferred activities (check all that apply):

- Volunteering with adults
 Volunteering with children and youth
- One-to-one social support
 Group-based activities
- Joining a Committee
 Helping with events
- Fundraising
 Other:

EXPERIENCE AND QUALIFICATIONS

What unique qualifications, professional skills or interests might you bring to the organization?

Please list your recent employment/volunteer history (or attach a copy of your resume):

Employer/Organization	Position/Responsibilities	Dates (mm/yy - mm/yy)
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- 1.

- 2.

- 3.

Are you a member of or do you volunteer with other local service clubs, non-profit organizations or community, cultural, religious or athletic groups? If yes, please tell us more!

How do you prefer to be recognized for a job well done?

Please list 3 work or personal references that we may contact (Required if providing Direct Support)

1. Name of Reference: _____

Organization/ Job Title: _____

Phone Number: _____ Email Address: _____

Relationship to Reference? _____

2. Name of Reference: _____

Organization/ Job Title: _____

Phone Number: _____ Email Address: _____

Relationship to Reference? _____

3. Name of Reference: _____

Organization/ Job Title: _____

Phone Number: _____ Email Address: _____

Relationship to Reference? _____

EMERGENCY INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is there any information that you would like us to be aware of in case of an emergency, such as medical/food allergies etc?

I understand that this is an application form, not a commitment or promise of a volunteer opportunity and that volunteering with Community Living Kincardine and District may be dependent on interviews, reference checks and/or a Vulnerable Sector Police Record Check. If selected as a volunteer, I agree to abide by all policies and procedures of the organization, act in a responsible manner, be appropriate as a role model, and treat all matters as confidential, particularly information relating to the personal lives of people supported.

Signature of Applicant

Date

Please submit your application by: Dropping it off at the 286 Lambton Street Office *or*
Sending it by e-mail to anuman@clkd.ca