



# St. Paul's L'Amoreaux Centre Volunteer Application Form

The information on this form is strictly confidential and is solely intended for the authorized use set out by the St. Paul's L'Amoreaux Centre Privacy Policy.

Please help us to determine how to make the best use of your skills as a volunteer by filling out the questionnaire below. Please return the completed application form (and attached it with your resume if you have one) to the Volunteer Coordinator.

## 1. GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

### Age Range (Optional but helpful)

14 - 17 (Parental consent form is required)     18 - 30     31 - 54     55 - 64     65 +

### Contact Information

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Address: \_\_\_\_\_  
Street Unit #  
\_\_\_\_\_ City Province Postal Code

E-mail address: \_\_\_\_\_

### Emergency Contact Information (Name of person to be notified in case of emergency)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Business) (Cell)

Are there any health/medical or other concerns we need to know to ensure your safety?

No     Yes    If yes please specify: \_\_\_\_\_

What best describes your current situation?

Employed     Retired     Seeking work     Student     Other \_\_\_\_\_

Do you speak any languages in addition to English?  No     Yes

If yes, which one(s)? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever been convicted of a criminal offense?  No     Yes

May we include your name and address in our mailing list to send you updates and news?

Yes     No

May we include your name and address in our mailing list for future fundraising campaigns?

Yes     No

## 2. EDUCATION & EMPLOYMENT

**Education Level:**     University     College     High School     Others

Highest grade or level completed: \_\_\_\_\_

Name of program: \_\_\_\_\_ Length of program \_\_\_\_\_

### Special Skills or Training

	None	Basic	Intermediate	Advanced
Data Entry / Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Software (MS Office):				
Other: (please specify): _____				
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify): _____				

### Employment History

Title	Company	Period	Job Nature

### Volunteer Experience

Organization	Position	Period	Job Nature

### Hobbies & Interests

What are your hobbies and interests? \_\_\_\_\_

## 3. VOLUNTEERING PREFERENCES

Is there a particular time or type of volunteer position in which you are interested? (Please check all that apply)

#### Days Available

Mon     Tue     Wed     Thurs     Fri  
 Sat     Sun

#### Time Available

9:00 a.m. – 12:00 noon     12:00 noon – 3:00 p.m.  
 3:00 p.m. – 6:00 p.m.     Other \_\_\_\_\_

Recreation		Friendly Visiting	
Adult Day Program		Friendly Escorting	
Chinese Day Program		Friendly Shopping	
Sunflower Club		Special Events	
Greek Day Program		Shop Assistant	
Meals on Wheels		Office Assistant	
Transportation		Customer Service	
Restaurant		Assistant Nurse	
Health Promotion		Other	

#### 4. REFERENCES

Please provide two references. One should be an employer/ supervisor / teacher/ or an individual known through community involvement for at least 6 months. The other can be a personal friend or family member.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize St. Paul's L'Amoreaux Centre to obtain references from the above individuals in connection with my application for a volunteer position. I hereby authorize the above named individuals to provide a reference in connection with my application for a volunteer position with the St. Paul's L'Amoreaux Centre, and release them from any liability in regard to it.

**I hereby certify that all information included in this application form is true and complete.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. Volunteer Contract

**I agree to serve as a volunteer and commit to the following:**

1. To perform my volunteer duties so that I meet the service expectation and standards of St Paul's.
2. To refrain from conflicts of interest, or any personal or financial gain.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To indicate respect for all clients, volunteers and staff in both word and deed.
5. To fulfill my responsibilities while always ensuring the safety of clients, volunteers and staff.
6. To act at all times as a member of the team responsible for accomplishing the mission of the agency.
7. To attend both Information and Orientation Sessions.
8. To understand and abide by the Volunteer Policy.
9. To return my volunteer name tag before I resign.
10. To give a minimum of 2 weeks notice before I resign.
11. To Keep confidential all information; verbal, written or computerized; which I may hear directly concerning clients, residents, staff members or volunteers and to avoid seeking any information concerning these

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

