

Volunteer Application Form

| Volunteer Contact Information | | | | | | | | | | | | | | |
|--|--------|----|--------|-------------|---------|----|--------------|-----------------|----------|----|--------|--------------|----------|----|
| Last Name: | | | | First Name: | | | | Middle Initial: | | | | | | |
| Date of Birth-Optional if over the age of 18 (dd/mm/yyyy): | | | | | | | | | | | | | | |
| Address: | | | | City/Town: | | | | Province: | | | | Postal Code: | | |
| Telephone Number: Home: | | | | | | | Other: | | | | | | | |
| Email: | | | | | | | | | | | | | | |
| In Case of Emergency Contact: _____ Relationship: _____ | | | | | | | | | | | | | | |
| Telephone Number: Home: _____ | | | | | | | Other: _____ | | | | | | | |
| Please list any allergies you may have which we should be aware of: | | | | | | | | | | | | | | |
| We are a supportive office environment, please list any supports you may require to volunteer with us (i.e. Telephone Amplifier): | | | | | | | | | | | | | | |
| Volunteer History | | | | | | | | | | | | | | |
| Please list any other volunteer positions you've held: | | | | | | | | | | | | | | |
| Please list any paid work experience you have or you can attach a resume: | | | | | | | | | | | | | | |
| Please Indicate what best describes you: | | | | | | | | | | | | | | |
| <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Seeking Work <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| Please Indicate the highest level of education obtained: | | | | | | | | | | | | | | |
| <input type="checkbox"/> University <input type="checkbox"/> Diploma <input type="checkbox"/> Student <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| Area of Study: _____ | | | | | | | | | | | | | | |
| Availability- Please Indicate when you are able to volunteer | | | | | | | | | | | | | | |
| Days | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
| Hours | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Are there times of the year that you are not able to volunteer (i.e. summer, spring/winter break, etc): | | | | | | | | | | | | | | |
| Occasionally, due to the nature of our work we may have an urgent request for a volunteer. Are there any other days of the week that we may ask if you are available? | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes you may contact me to check my availability- at times I may be available on _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> No, I cannot commit to any other days of the week | | | | | | | | | | | | | | |
| How many hours per week would you be available? _____ | | | | | | | | | | | | | | |
| Are you interested in volunteering on a: | | | | | | | | | | | | | | |
| <input type="checkbox"/> Short term basis (up to 6 months) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Long term basis (longer than 6 months) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other- please describe | | | | | | | | | | | | | | |

Volunteer Application Form

Interests & Abilities

Identify your reasons for wanting to volunteer at CHHA-NL (check all that apply):

- Gain new skills
- Use my existing skills
- Gain work experience
- Meet new people
- Explore a career in a non-profit organization
- Requirement for school
- Other- Please specify

What type of volunteer work are you interested in?

What computer programs have you used?

Identify any special skills/hobbies:

How did you find out volunteer opportunities at CHHA-NL?

- CHHA-NL website
- School
- Word-of-mouth
- Volunteer Coordinator
- Volunteer Event
- Other-Please specify

Please list any other additional information:

Parental/Guardian Consent is required for youth aged 14-17 years to volunteer

I consent my child to volunteer at CHHA-NL

Parent/Guardian Name _____

Address

City/Town

Province

Postal Code

Phone (home/work/cell) _____

Signature: _____ Date(dd/mmm/yyyy) _____