

VOLUNTEER APPLICATION

CRC SUBMITTED:	<input type="checkbox"/>
CRC RETURNED:	<input type="checkbox"/>
ENTERED IN DB:	<input type="checkbox"/>

APPLICATION DATE: _____

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: ____/____/____
DD MM YY

ADDRESS: _____
STREET CITY POSTAL CODE

PHONE: (HOME) _____ BUSINESS: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH CONCERNS (INC. ALLERGIES): _____

SPECIAL INTERESTS/HOBBIES: _____

EMPLOYMENT EXPERIENCE: _____

HAVE YOU EVER VOLUNTEERED BEFORE: YES NO IF YES, PLEASE SHARE:

YOUR PREVIOUS VOLUNTEER POSITION(S):

ASSOCIATION:

VOLUNTEER POSITION:

CHOICES OF VOLUNTEER POSITIONS:

1. _____

2. _____

WHY ARE YOU VOLUNTEERING FOR THIS POSITION?

IF THESE CHOICES ARE NOT AVAILABLE, WOULD YOU ACCEPT A DIFFERENT POSITION? YES NO

WHAT ARE SOME OF YOUR PERSONAL GOALS IN THE (RECREATION/SPORT) COMMUNITY?

AVAILABILITY:

DAYS **NUMBER OF HOURS** _____

AFTERNOON **NUMBER OF HOURS** _____

EVENINGS **NUMBER OF HOURS** _____

PREFERRED DAY:

MONDAY **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY** **SATURDAY** **SUNDAY**

REFERENCES (TWO)

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

OCCUPATION: _____ **OCCUPATION:** _____

RELATIONSHIP TO APPLICANT: _____ **RELATIONSHIP TO APPLICANT:** _____

Under 19 years of age:

I _____ **GIVE MY DAUGHTER/SON PERMISSION TO VOLUNTEER AT GEORGE DERBY CENTRE.**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

I _____ **WILL ABIDE BY THE RULES OF GEORGE DERBY CENTRE; WILL RESPECT EVERYONE DURING MY VOLUNTEERING AND WILL MAINTAIN CONFIDENTIALITY OF ALL RESIDENT INFORMATION.**

VOLUNTEER SIGNATURE: _____ **DATE:** _____

FILLING OUT OUR APPLICATION OR PARTICIPATING IN AN INTERVIEW DOES NOT AUTOMATICALLY RESULT IN A PLACEMENT. IF ACCEPTED, YOUR PLACEMENT COULD TAKE A MONTH OR MORE TO FINALIZE. WE ENCOURAGE A MINIMUM SIX MONTH COMMITMENT; HOWEVER THIS WILL BE WAIVED UNDER SPECIAL CIRCUMSTANCES.

FOR OFFICE USE ONLY:

INTERVIEW: **REFERENCE CHECK:** **ORIENTATION:** **SN:**

START DATE: _____

AREA: _____

TRAINING ORIENTATION: _____

SUPERVISOR: _____

MISCELLANEOUS: _____
