



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

NAME | _____ | _____ |

(Last Name) (First Name)

SEX Male/Female (Please Circle) Other: _____

AGE | 15-18 | 19-25 | 26-40 | 41-64 | 65+ |

HEALTH CARD NUMBER | _____ | (Please enclose copy)

DRIVER'S LICENCE NUMBER | _____ | (Please enclose copy)

LIVING STATUS | Visitor | Permanent Resident | Canadian Citizen |

HOME ADDRESS | _____ | _____ | _____ | _____ |

(Number) (Street) (City) (Province)
(Postal Code)

CONTACT NUMBER | _____ | _____ | _____ |

(Home) (Cell) (Office)

E-MAIL | _____ |

EMERGENCY CONTACT DETAILS

NAME | _____ | RELATIONSHIP | _____ |

TELEPHONE NUMBER | _____ | _____ |

EDUCATION, SKILLS, AND EXPERIENCE

LEVEL High School/College/University (Please select one) GRADE/YEAR | _____ |

SCHOOL | _____ | PROGRAM | _____ |

ATTACHED RESUME Yes/No (please delete as appropriate)

PREVIOUS VOLUNTEER EXPERIENCES

| |
|--|
| |
|--|

OTHER SPECIAL SKILLS

| |
|--|
| |
|--|

VOLUNTEER INTERESTS AND AVAILABILITY (Please tick)

| | | | | | | | |
|-----------|--|------|--|----------|--|------|--|
| Monday | | Time | | Thursday | | Time | |
| Tuesday | | Time | | Friday | | Time | |
| Wednesday | | Time | | Saturday | | Time | |

SPECIAL NOTES

JOB PREFERENCE (please tick selection)

| | | |
|--------------------------|-------------------|--------------------------|
| Office Support | Special Event | Escorting Service |
| Teaching Materials Prep. | Program Assistant | Marketing and Promotions |
| Handy Works | Computer | Graphic Design |
| Others (specify) | | |

*** If age 18+ please provide York Regional or Toronto Police Record Check (Search Criminal Police Check)

ACNOWLEDGEMENT AND VOLUNTEER STATEMENT

Information collected on and with this application form will be used exclusively for applicant information purposes, and will not be disclosed to third parties without prior consent of the volunteer.

Volunteer placement will be at the discretion of ‘Cherish’ Integrated Services For Persons with Developmental Disabilities. If necessary, a successful Police Record Check must be completed by the applicant and returned to ‘Cherish’ prior to the placement.

I hereby declare that all information provided is true; furthermore, I understand that any false statements would disqualify me from earning a volunteer position, or be grounds for immediate termination from any current volunteer position.

(Signature of Applicant)

(Date)

(Signature of Applicant’s Parent or Guardian
If applicant is under 16 years of age)

(Date)

FOR OFFICE USE

Record Number _____

First Event _____ Year _____

Date Entered _____

Remarks