



COMMUNITY LIVING ASSOCIATION FOR SOUTH SIMCOE

Volunteer # _____

VOLUNTEER APPLICATION FORM

FULL NAME: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: (HOME) _____ (BUSINESS) _____

EMAIL ADDRESS: _____

OCCUPATION: _____ HOW LONG: _____

BUSINESS NAME & ADDRESS: _____

_____ POSTAL CODE: _____

EDUCATION: _____

SPECIAL COURSES/SKILLS: _____

INTERESTS/HOBBIES: _____

VOLUNTEER EXPERIENCE: _____

HAVE YOU HAD ANY PREVIOUS EXPERIENCE WITH CLASS? YES [] NO []

HOW DID YOU BECOME FAMILIAR CLASS?

WHEN WOULD YOU LIKE TO VOLUNTEER:	WEEKDAY:	MORNING	[]
		AFTERNOON	[]
		EVENING	[]
	WEEKEND:	MORNING	[]
		AFTERNOON	[]
		EVENING	[]

HOW MANY HOURS WOULD YOU LIKE TO VOLUNTEER:
_____ PER MONTH

PLEASE CHECK AREAS OF INTEREST:

One-to-one relationship with: Adult: [] Adolescent: []

Outings/Special Events: [] Clerical: [] Driving: [] Board/Committees: []

Small Group Activities: []

Do you have a valid Ontario Driver's Licence? YES [] NO []

Do you have regular access to a car? YES [] NO []

Criminal reference checks are completed for anyone volunteering in a position of trust or who has direct contact with children and or vulnerable adults.

Have you ever been convicted for a criminal offence for which a pardon has not been granted?

[] Yes, [] No.

PERSONAL REFERENCES:

Please list three people we may contact for references. One may be a family member. Please include email addresses and fax numbers.

NAME	PHONE #	RELATIONSHIP TO YOU
1.	_____	

2.	_____	

3.	_____	

ALL INFORMATION IS CONFIDENTIAL, REMAINS THE PROPERTY OF CLASS AND CANNOT BE DISCLOSED WITHOUT YOUR PERMISSION.

I hereby declare that the forgoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteer consideration. I authorize you to contact my personal references to verify the data provided.

Signature

Date

