

# Community Living Association for South Simcoe

**Volunteer Application Form**

Volunteer #

FULL NAME: HOME ADDRESS: POSTAL CODE: EMAIL ADDRESS:

TELEPHONE: (HOME) (BUSINESS) 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:

Adult Services: Youth Services: Fundraising:

Do you have a valid Ontario Driver’s License?

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 and addresses.**

NAME PHONE # & EMAIL 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

# CLASS VOLUNTEER CONTACT:

Human Resources/Volunteer Co-ordination 233 Church Street, South, Alliston Ontario, L9R 2B7

705-435-4792 info@class.on.ca