

Date of interview: _____

OTTAWA BROCKVILLE

VOLUNTEER APPLICATION FORM

PLEASE PRINT CLEARLY

Thank you for offering to volunteer your time and skills at The Royal. In order to facilitate the most appropriate volunteer placement for you, the following information would be helpful. Please ensure that all the questions are completed as fully as possible.

Name: _____ Date of birth: _____

Address: _____ Apartment #: _____

City: _____ Prov: _____ Postal code: _____

Home phone: _____ Business phone: _____ Email: _____

Cell phone: _____ Languages spoken: English French Other: _____

Emergency contact name: _____

Relationship: _____ Phone: _____

I am currently

- Employed Full-time Part-time A student at _____ in grade/year _____
- Seeking employment A homemaker On disability Retired
- Other (please specify) _____

Health issues we should be aware of: _____

Previous volunteer experience: _____

I prefer to volunteer in:

- | | | | |
|--|--|--|--|
| <p>Shops</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coffee <input type="checkbox"/> Clothing <input type="checkbox"/> Hair salon <p>Library</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordinator <input type="checkbox"/> Book cart <input type="checkbox"/> Information asst. | <p>Administrative</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clerical or office <input type="checkbox"/> Data entry <input type="checkbox"/> Financial <input type="checkbox"/> Committees <input type="checkbox"/> V.A. Board of Directors <input type="checkbox"/> Special events <input type="checkbox"/> Coordination | <p>Interactive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program assistant <input type="checkbox"/> Driving <input type="checkbox"/> Pastoral services <input type="checkbox"/> Geriatric Day Hospital <input type="checkbox"/> Geriatric meal assistant <input type="checkbox"/> Arts (eg. crafts, music) <input type="checkbox"/> Adult literacy or math <input type="checkbox"/> Computer Training | <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Porter <input type="checkbox"/> Research <input type="checkbox"/> Leadership or training <input type="checkbox"/> AA or NA Speaker <input type="checkbox"/> Laundry <input type="checkbox"/> Other (specify) |
|--|--|--|--|

Relevant skills (eg. sales, teaching, computers)

Relevant hobbies (eg. fitness, gardening)

I PREFER TO WORK

With adults With seniors Alone

I WILL COMMIT TO:

8 mths 1 yr Possibly more

AVAILABILITY (Put if available, if definitely not available, ? if maybe)

| DAY | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| morning | | | | | | | |
| afternoon | | | | | | | |
| evening | | | | | | | |

I would like to give _____ hours per week on a regular basis irregular basis

I have a Police Records Check for Service with the Vulnerable Sector, done within the past 12 months

Briefly describe your current situation (studying, working full-time, part-time, on disability, etc.)

Tell us about your past volunteer-related experience?

Why do you want to volunteer at The Royal and what, if any, previous experience/contact have you had with us in the past?

Please let us know if you have applied to volunteer with The Royal in the past, and if so, when was that.

Signature

Date

Personal information contained in this form is collected under The Royal's Policies and Procedures. Police Records Checks for Service with Vulnerable Sector is required and will be used to determine eligibility for volunteer services with The Royal. Questions about this policy should be directed to the **Director of Volunteer Services**, 1145 Carling Avenue, Ottawa, Ontario, K1Z 7K4, Telephone 613.722.6521, ext. 6004