Volunteer Application Form

*(please complete in full – print only)*

|  |  |  |
| --- | --- | --- |
| Personal Information | | |
| Name | Email | Date of Birth |
| Street Address | City | Postal Code |
| Preferred Phone Numbers (specify types) | Have you ever been convicted of a criminal offence for which a pardon has not been granted? O Yes O No  Are you able to complete a Police Check? (Adult applicants will be required to complete a Vulnerable Sector Police Check) O Yes O No | |
| Name of Emergency Contact | Relationship to Applicant | Phone Number |
| Volunteer Type (select one)  O Volunteen (aged 15-18)  O Volunteer (18+)  O HCH Tenant Volunteer (18+) | Languages (specify and select)  1: O Speak O Write O Understand  2: O Speak O Write O Understand  3: O Speak O Write O Understand | |

|  |  |
| --- | --- |
| Educational Background | |
| School – indicate grade completed | Post Secondary – please specify |
| Other Certification Completed – please specify | Relevant Courses/Workshops – please specify |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Volunteer /Work History & References (if none, please provide Personal References) | | | | | | | | | |
| #1 Organization | | | | | Position | | | | |
| Duties/Responsibilities | | | | | | | | | |
| Supervisor’s Name & Title | | | | | Contact Number | | | | |
|  | | | | | | | | | |
| #2 Organization | | | | | Position | | | | |
| Duties/Responsibilities | | | | | | | | | |
| Supervisor’s Name & Title | | | | | Contact Number | | | | |
|  | | | | | | | | | |
| I authorize the Coordinator of Volunteers to contact the above persons as references.  *Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Profile | | | | | | | | | |
| Why are you interested in volunteering at HCH? | | | | | | | | | |
| Please list special skills, interests and hobbies. | | | | | | | | | |
| Please list accommodations/supports\* (if any) that are required to enable your full participation as a volunteer. | | | | | | | | | |
| Availability  *Please check all that apply* | | | | | | | | | |
|  | Monday | Tuesday | Wednesday | | | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  | | |  |  |  |  |
| Afternoon |  |  |  | | |  |  |  |  |
| Evening |  |  |  | | |  |  |  |  |
| Areas of Interest  *Please check all that apply* | | | | | | | | | |
| Administration  O Administrative Projects | | | | Environmental Services  O Sewing  O Maintenance Projects  O Indoor Plant Care/Flower Arranging/Gardening  O Setup/Takedown  O Sound/AV | | | | | |
| Nursing  O Nursing Services Portering  O Towers Nursing Office  O Manors - Mealtime Assistance | | | |
| Dietary  O Snack Bar  O Restaurant | | | | Support Services  O Library  O Mail/Flyer Delivery | | | | | |
| Towers Programs  O Hospitality  O Handiwork/crafting  O Tenant Support  O Programs Helper  O Fundraising | | | | Manor Activity Programs  O Activities Portering O Knitting/Crafts  O Devotions/Pastoral Care O Games  O Friendly Visitor O Trip Volunteer  O Walking Program O BBQ  O Programs Helper O Musician/Singer | | | | | |
| Other: | | | | | | | | | |
| I hereby certify that the facts set forth above are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for dismissal.  *Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  *Guardian/Parent Signature* (if volunteer is under age 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

*\*We consider volunteer applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, record of offence, handicap, or other protected status. Holland Christian Homes is committed to providing accessible employment practices that are in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). If you require accommodation for disability during any stage of the recruitment process, please indicate to the Volunteer Coordinator.*

Please submit completed forms via the HCH Reception Desk at 7900 McLaughlin Rd. S

or by email to [volunteer@hch.ca](mailto:volunteer@hch.ca).