



Holland Christian Homes

<b>Office Use Only</b>
Date Received: _____
TB Results Received: _____
Police Check Received: _____
Interview Date: _____

## 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? <span style="float: right;">O Yes      O No</span> Are you able to complete a Police Check? (Adult applicants will be required to complete a Vulnerable Sector Police Check) <span style="float: right;">O Yes      O No</span>	
Name of Emergency Contact	Relationship to Applicant	Phone Number
Volunteer Type (select one) <input type="radio"/> Volunteer (aged 15-18) <input type="radio"/> Volunteer (18+) <input type="radio"/> HCH Tenant Volunteer (18+)	Languages (specify and select) 1: <input type="radio"/> Speak <input type="radio"/> Write <input type="radio"/> Understand 2: <input type="radio"/> Speak <input type="radio"/> Write <input type="radio"/> Understand 3: <input type="radio"/> Speak <input type="radio"/> Write <input type="radio"/> 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 <input type="checkbox"/> Administrative Projects	Environmental Services <input type="checkbox"/> Sewing <input type="checkbox"/> Maintenance Projects <input type="checkbox"/> Indoor Plant Care/Flower Arranging/Gardening <input type="checkbox"/> Setup/Takedown <input type="checkbox"/> Sound/AV
Nursing <input type="checkbox"/> Nursing Services Portering <input type="checkbox"/> Towers Nursing Office <input type="checkbox"/> Manors - Mealtime Assistance	Support Services <input type="checkbox"/> Library <input type="checkbox"/> Mail/Flyer Delivery
Dietary <input type="checkbox"/> Snack Bar <input type="checkbox"/> Restaurant	Manor Activity Programs <input type="checkbox"/> Activities Portering <input type="checkbox"/> Knitting/Crafts <input type="checkbox"/> Devotions/Pastoral Care <input type="checkbox"/> Games <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Trip Volunteer <input type="checkbox"/> Walking Program <input type="checkbox"/> BBQ <input type="checkbox"/> Programs Helper <input type="checkbox"/> Musician/Singer
Towers Programs <input type="checkbox"/> Hospitality <input type="checkbox"/> Handiwork/crafting <input type="checkbox"/> Tenant Support <input type="checkbox"/> Programs Helper <input type="checkbox"/> Fundraising	

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).