



Office Use Only

Date Received: _____
:

Volunteer Application Form

(please complete in full – print only)

Contact Information

Name: (First Name, Last Name): _____

Street Address: _____

City and Postal Code: _____ Phone #: _____

Date of Birth: (year optional) _____ Email: _____

Languages spoken other than English: _____

Please check box as applicable: High School Student Post-Secondary Student

Employed Retired

Emergency Contact

Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Relationship: _____

Please share details on any special skills, current or past volunteer roles, training, education and work experience that may assist you in your volunteer role at Holland Christian Homes.



Please list any special skills/interests below (e.g. computers, administrative tasks, sewing, music, Board, Committees, etc.)

Tell us why you are interested in volunteering at HCH?

Areas of Interest <i>Please check all that apply</i>	
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	



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Availability

Please indicate the days and times you are available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:							
Afternoon:							
Evening:							

References

Please provide us with two non-family references (teacher, coach, employer, past volunteer organizations and professional references that we may contact to verify information regarding your application. Your volunteer placement cannot begin until references have been checked.

Name: _____ Name: _____

Work Phone: _____ Work Phone: _____
 OK to call? YES NO OK to call? YES NO

Cell Phone: _____ Cell Phone: _____

Email address: _____ Email address: _____

Relationship: _____ Relationship: _____

**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.*

I understand and agree that submitting this application form does not automatically register me as a Holland Christian Homes volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering. I hereby certify that the facts set forth above are true and complete to the best of my knowledge. I understand that any falsified statements on this application shall be considered sufficient cause for dismissal of my volunteer application.

Signature: _____	Date: ____/____/____
Guardian/Parent Signature (if volunteer is under age 18): _____	

Please submit completed forms via the HCH Reception Desk at 7900 McLaughlin Rd. S, Brampton, ON L6Y 5A7 in person or by mail, or via email to volunteer@hch.ca.