**VOLUNTEER APPLICATION FORM**

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| --- |
| YOUR PERSONAL INFORMATION |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Last Name**: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postal Code: |  | **Neighborhood**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell: |  | **Home**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Office: |  | **Email Address:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language: | English  French  Other\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | |
|  |  | |  |  | |
| Communication Preference: | Cell  Home  Office  Email | | Morning  Afternoon  Evening |  | |
|  |  | |  |  | |
| Language Preference: | English  French |  | | |  |
| YOUR AVAILABILITY | | | | | |

**Please check when you are available:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

How many hours per week would you like to volunteer? (approximately)

Do you prefer to volunteer:

On a regular basis

Seasonal (two or three months)

Only for special events (A couple of times per year)

All of the above

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| TELL US ABOUT YOU! PLEASE DESCRIBE SOME OF YOUR PAST OR PRESENT EXPERIENCES |

|  |  |
| --- | --- |
| **Interests:** |  |

|  |  |
| --- | --- |
| **Skills:** |  |

|  |  |
| --- | --- |
| **Education, workshops or special trainings:** |  |

|  |  |
| --- | --- |
| **Work experience**  **(if any):** |  |

|  |
| --- |
| YOUR PREFERENCES |

Why are you interested in offering to volunteer with LCRC? (Check all that apply)

|  |  |
| --- | --- |
| Available time  Canadian experience gaining  Community involvement  Community desire to help  Develop job skills | Develop new skills  High school – 40 hrs  Meet new people  Share experience and skills  Student career volunteer hours  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

|  |  |
| --- | --- |
| Supporting adults  Supporting youth  Supporting children  Supporting children and families  Supporting community groups and activities | Supporting a staff person as an assistant  Supporting groups  Supporting individuals  Supporting with technology  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| HOW DID YOU HEAR ABOUT US? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Events and local forum  Family member  Flyers and poster  From a friend |  | Internal  Staff presentation  Religious organization  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Volunteer’s Signature**  (If you are submitting this application on paper please sign and date it. If you are sending this via email, you will be asked to sign in during the interview) |  | **Date** |

Thank you for your time and cooperation in completing this form!

**ALL INFORMATION IS CONFIDENTIAL**

**Please return completed application form to the Volunteer Coordinator.**

**Email:** [**volunteer.coordinator@crcbv.ca**](mailto:volunteer.coordinator@crcbv.ca) **Fax: (613) 789-3443**