



## *Volunteer Application*

Please note volunteers must be at least 16 years of age.

### 1. Personal Information (please print)

Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Province: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

First Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Two-Spirited \_\_\_

### 2. Emergency Contact

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

### 3. Education

High School: \_\_\_\_\_  
 Post-Secondary: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Special Training or Skills Received: \_\_\_\_\_

Level Completed: \_\_\_\_\_ Currently Attending: \_\_\_\_\_  
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### 4. Employment History

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Current Employment Status: Full-Time \_\_\_ Part-Time \_\_\_ Retired \_\_\_ Student \_\_\_ Unemployed \_\_\_

### 5. Volunteer Experience

Organization: \_\_\_\_\_ Your Role: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Your Role: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**6. Please Indicate Your Availability** (example 12:30pm to 3:30pm)

|           | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> |
|-----------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Morning   | _____         | _____          | _____            | _____           | _____         | _____           | _____         |
| Afternoon | _____         | _____          | _____            | _____           | _____         | _____           | _____         |
| Evening   | _____         | _____          | _____            | _____           | _____         | _____           | _____         |

- a) How long of a commitment are you prepared to make? 1 time \_\_\_ 3 months \_\_\_ 6 months \_\_\_ 1 year \_\_\_ on-going \_\_\_
- b) How often would you like to volunteer? 1 shift/week \_\_\_ 2-3 shifts/week \_\_\_ special events only \_\_\_

**7. What type of volunteer opportunity are you interested in?** (If interested in more than one please prioritize by numbering 1, 2, 3...)

Office Work \_\_\_      Computer Technology \_\_\_      Cooking \_\_\_      Sports \_\_\_  
Arts/Crafts \_\_\_      Transportation \_\_\_      Painting \_\_\_      Music \_\_\_  
Carpentry/Woodwork \_\_\_      Other (specify) \_\_\_\_\_

**8. How did you find out about Pulford Community Living Services Volunteer Program?**

PCLS Staff \_\_\_      Community Paper \_\_\_      Church \_\_\_      School \_\_\_  
Family Member \_\_\_      Job Fair \_\_\_      Other (specify) \_\_\_\_\_

**9. What are your reasons for volunteering?**

For Academic Credit \_\_\_      To Learn New Skills \_\_\_      For Social Interaction \_\_\_  
To Gain Employment Skills \_\_\_      To Gain Employment \_\_\_      To Share My Skills \_\_\_  
To Stay Active \_\_\_      To Support Pulford \_\_\_      Other \_\_\_\_\_

**Do you have a valid driver's license?** Yes \_\_\_ No \_\_\_      **Use of a vehicle?** Yes \_\_\_ No \_\_\_

**When are you available to start?** \_\_\_\_\_

**Please list two references, past or present employers, teacher, volunteer supervisors, etc. We CANNOT accept family members or personal friends as references.**

| Name  | Relationship | Email/Phone Number |
|-------|--------------|--------------------|
| _____ | _____        | _____              |
| _____ | _____        | _____              |

I hereby authorize Pulford Community Living Services Inc. to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing same. I further authorize the human resources department to maintain this information in their records and release and absolve them from liability that may otherwise accrue by reason of their keeping this information and using it for their purpose. Disclaimer: It is the policy of Pulford Community Living Services Inc. to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of information I might have access to in performing my volunteer duties for Pulford Community Living Services Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Parental/Guardian Consent (for those under 18 years of age)

I give \_\_\_\_\_ my consent to work as a volunteer at Pulford Community Living Services Inc.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_