

VOLUNTEER APPLICATION FORM

FOR OFFICE USE ONLY

Date Received: _____ Date Contacted: _____
 Interview Date: _____ Department: _____

Personal & Contact Information *(Please print clearly!)*

First Name:		Last Name:	
Address:			
City:		Postal Code:	
Phone Number: (Cell)		Phone Number: (Home)	
Email Address:			
Age Group: <i>(Optional)</i>	<input type="checkbox"/> under 18	<input type="checkbox"/> 18-30	<input type="checkbox"/> 31-40
	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> over 61
Preferred Pronouns: <i>(Optional)</i>			Gender: <i>(Optional)</i>
Have you ever used any services offered by ACSA before?	<input type="checkbox"/> Yes Describe: <input type="checkbox"/> No		

Emergency Contact Information

<i>First Name</i>		<i>Last Name</i>	
<i>Phone Number</i>		<i>Relationship</i>	

Work Experience

<i>Name of Organization</i>	<i>Position/Duties</i>	<i>From (mm/yy) – To (mm/yy)</i>

Volunteer Experience

<i>Name of Organization</i>	<i>Position/Duties</i>	<i>From (mm/yy) – To (mm/yy)</i>

Education

<i>Highest level of education:</i>		<i>Are you currently a student?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Name of school:</i>		<i>Area of study:</i>		

Language(s)

Reason for Volunteering

Desire to help others
 Interest in community involvement
 Gain work-related experience
 Mandatory/School requirement
 Court appointed hours
 Other:

Please indicate the area(s) in which would like to volunteer		Please list any skills, talents, or experience which you feel are relevant				
<input type="checkbox"/> Children's & Parents' Activities <input type="checkbox"/> Income Tax <input type="checkbox"/> Civic Engagement <input type="checkbox"/> Newcomers' Program <input type="checkbox"/> Community Garden <input type="checkbox"/> Receptionist/Office Support <input type="checkbox"/> Community Outreach <input type="checkbox"/> Seniors' Program <input type="checkbox"/> Computer Training <input type="checkbox"/> Special Events <input type="checkbox"/> Data Entry <input type="checkbox"/> Translation <input type="checkbox"/> Food Bank <input type="checkbox"/> Women's Program <input type="checkbox"/> Food Security <input type="checkbox"/> Youths' Program <input type="checkbox"/> Homeless Drop In Kitchen <input type="checkbox"/> Other: <input type="checkbox"/> Housing		<hr/> <hr/> <hr/> 				
Location(s)	<input type="checkbox"/> ACSA Main Office <input type="checkbox"/> ACSA Child and Family Centre <input type="checkbox"/> Dorset Park Hub <input type="checkbox"/> Chester Le Corner <input type="checkbox"/> ACSA Drop-In South					
Availability						
	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Weekends</i>
<i>Morning</i>						
<i>Afternoon</i>						
<i>Evening</i>						
Flexible hours depending on the week of the month <input type="checkbox"/>				Seasonal <input type="checkbox"/>		
Possible start date:						
Commitment to volunteer: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> School Term(s) <input type="checkbox"/> 1 year or more						
Medical conditions and/or allergies?						
How did you hear from us?						
<input type="checkbox"/> Website		<input type="checkbox"/> Schools		<input type="checkbox"/> Other:		
<input type="checkbox"/> Word of Mouth		<input type="checkbox"/> Community Agencies				
Privacy (<i>Read carefully before signing</i>)						
<p>Personal information in connection with this form is collected under the authority of Agincourt Community Services Association (ACSA) and will be used for administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by ACSA, please contact: Laura Harper, Senior Manager of Programs and Services <hlaura@agincourtcommunityservices.com>.</p> <p>ACSA respects your privacy and adheres to all legislative requirements with respect to protecting your privacy. From time to time, ACSA may contact you about upcoming events, programs, and fundraising opportunities. If you prefer NOT to receive this information, please check this box: <input type="checkbox"/></p> <p>ACSA reserves the right to accept or not accept volunteer applicants. Volunteer positions are based on availability, and volunteers are placed according to their interests, skills, suitability, and the needs of the agency. Volunteer positions are offered contingent upon the satisfactory results of reference checks, including criminal reference check. By signing below, I confirm that the information provided on this application is accurate to the best of my knowledge. I understand that false or incomplete information on this application form may disqualify me from volunteering or result in my dismissal.</p>						
Signature of Volunteer		Guardian Signature if volunteer is under 18 years			Date	

Applicants will be contacted by email within 10 business days.