

VOLUNTEER APPLICATION FORM

Personal & Contact Information <i>(Please print clearly!)</i>			
First Name:		Name you go by: <i>(Optional)</i>	
Last Name:			
Address:			
City:		Postal Code:	
Phone Number: <i>(Cell)</i>		Phone Number: <i>(Home)</i>	
Email Address:			
Age Group: <i>(Optional)</i>	<input type="checkbox"/> 13-18	<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
Pronouns: <i>(Optional)</i>		Gender: <i>(Optional)</i>	
Have you used services offered by ACSA before?	<input type="checkbox"/> Yes Describe: <input type="checkbox"/> No		
Emergency Contact Information			
First Name:		Last Name:	
Phone Number:		Relationship:	
Work Experience			
Name of Organization	Position/Duties	From (mm/yy) – To (mm/yy)	
Volunteer Experience			
Name of Organization	Position/Duties	From (mm/yy) – To (mm/yy)	
Education			
Highest level of education:		Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school:		Area of study:	
Language(s)			
Reason for Volunteering			
<input type="checkbox"/> Desire to help others <input type="checkbox"/> Interest in community involvement <input type="checkbox"/> Gain work-related experience <input type="checkbox"/> Mandatory/School requirement <input type="checkbox"/> Court appointed hours <input type="checkbox"/> Other:			

Please indicate the area(s) in which you would like to volunteer. We use this information to match you with our volunteer opportunities. Please note that not all of these areas have opportunities at the moment.				Please list any skills, talents, or experience which you feel are relevant.		
<input type="checkbox"/> Children's & Parents' Activities <input type="checkbox"/> Community Gardens <input type="checkbox"/> Computer Training <input type="checkbox"/> Data Entry <input type="checkbox"/> Food Banks <input type="checkbox"/> Homeless Drop In Kitchens <input type="checkbox"/> Income Tax <input type="checkbox"/> Newcomers' Programs		<input type="checkbox"/> Receptionist/Office Support <input type="checkbox"/> Seniors' Programs <input type="checkbox"/> Special Events <input type="checkbox"/> Translation <input type="checkbox"/> Women's Programs <input type="checkbox"/> Youth Programs <input type="checkbox"/> Other:		<hr/> <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 South Drop In				
Availability						
	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning						
Afternoon						
Evening						
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 about 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>)						
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>.						
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"/>						
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 a 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.						
Signature of Volunteer:		Guardian Signature if volunteer is under 18 years of age:		Date:		

Applicants will be contacted by e-mail within 10 business days.

Please return completed application form to: *Volunteer Coordinator – Agincourt Community Services Association*
 Phone: 416-321-6912 ext. 248 | Fax: 416-321-6922 | Email: *blaura@agincourtcommunityservices.com*