



Community Living Huronia

339 Olive Street
Midland, Ontario L4R 2R4
Phone: (705) 526-4253 ext 215 Fax (705) 526-8299
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Volunteer Application Form

A. PERSONAL INFORMATION

Last Name First Name Middle Initial

Address: _____

Street # Street Name City/Town Province Postal Code

Home Phone #: () Work Phone #: ()
May we contact you at work? Yes No

Email Address (optional): _____

Date of Birth: _____
Month / Day / Year

In Case of Emergency Please Contact:
Name: _____
Relationship: _____
Phone Number: _____

Languages Spoken: _____

B. SKILLS AND INTERESTS

Educational Background: _____

Current Occupation: _____

Volunteer Experience:

Organization	Position/Duties	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Hobbies, Skills and Interests: What skills/expertise can you offer Community Living Huronia?
(i.e. first aid, CPR, sign language, etc.)

How did you hear about Community Living Huronia?
 Newspaper Radio Brochure Word of Mouth Other

Are there any physical or other limitations that we should know about so that we can better accommodate you? Please list:

What do you expect or hope to achieve by volunteering at Community Living Huronia? Please explain:

C. OPPORTUNITIES AND AVAILABILITY

Please indicate your time and availability:

- 3 months 6 months 12 months Other (please specify):
 Mornings Afternoons Evenings Weekends Varies

Do you anticipate any changes in your residence, business or domestic situation in the next year that would affect your volunteer commitment? Yes No If yes, please explain:

Do you have a valid driver's license? Yes No Class G or Other _____

Do you prefer to work in:

- large groups small groups pairs one-on-one no preference
 male female no preference

What age group(s) do you wish to volunteer with?

- children teens adults seniors

Do you prefer to be paired with a non-smoking person? Yes No Doesn't Matter

Have you any criminal convictions or charges pending? Yes No

D. WORK AND VOLUNTEER RELATED REFERENCES

Due to the nature of this organization and the importance of volunteer positions, Community Living Huronia requires the phone numbers of two individuals who can serve as a personal and/or professional reference. This should **not** be a family member.

NAME OF REFERENCE PERSON AND THEIR POSITION	COMPANY NAME/ORGANIZATION NAME	PHONE NUMBER	RELATIONSHIP

What type of volunteer service(s) interest you? Check all that interest you:

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Crafts	<input type="checkbox"/> Latch-hook	<input type="checkbox"/> Sewing
<input type="checkbox"/> Art	<input type="checkbox"/> Dancing	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Sensory I Therapy
<input type="checkbox"/> Biking	<input type="checkbox"/> Day Trips	<input type="checkbox"/> Literacy	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Bingo	<input type="checkbox"/> Decorating	<input type="checkbox"/> Movies/Theatre	<input type="checkbox"/> Skiing
<input type="checkbox"/> Board Member	<input type="checkbox"/> Dreams to Reality Campaign	<input type="checkbox"/> Music	<input type="checkbox"/> Sports
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Needlework	<input type="checkbox"/> Support Individual with Volunteer Work
<input type="checkbox"/> Cards	<input type="checkbox"/> Friendly Visiting	<input type="checkbox"/> Photography	<input type="checkbox"/> Swimming
<input type="checkbox"/> Church	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Teaching Music
<input type="checkbox"/> Coffee Outing	<input type="checkbox"/> Garage Sales	<input type="checkbox"/> Quality Assurance Committee	<input type="checkbox"/> Transportation
<input type="checkbox"/> Collections	<input type="checkbox"/> Gardening	<input type="checkbox"/> Reading Aloud	<input type="checkbox"/> Walking
<input type="checkbox"/> Computers	<input type="checkbox"/> Hairdressing/Spa	<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Cooking	<input type="checkbox"/> Hiking	<input type="checkbox"/> Scrap booking	<input type="checkbox"/> Yard Work
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Release Information

I, _____, authorize a staff member of the Community Living Huronia to contact the references indicated above, as well as any other relevant volunteer references included with my application in order to confirm pertinent details of my previous work and/or volunteer experience(s).

The facts set forth on this application are true and complete. I understand that if placed, false statements in either document shall be considered sufficient cause for dismissal. I also understand that if I am offered a volunteer placement, the position offered will be contingent upon satisfactorily passing reference checks, including a criminal reference check, from the Midland Police Department or the Ontario Provincial Police.

As well, it is my understanding that due to the nature of Community Living Huronia and the importance of volunteer positions, I will be required to sign a Pledge of Confidentiality and undergo an orientation training both necessary to the volunteer position.

Signature of Volunteer

Date