

Volunteer Application

The information gathered on this application form is confidential and will be used by the Volunteer department for contact and placement information only.

Name: _____

Phone: () _____ **Email:** _____

Address: _____ **Postal Code:** _____

Why are you interested in volunteering at Good Neighbours?

What is your current/previous work or volunteer experience?

Skills

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer Technical Literacy | <input type="checkbox"/> General Office Administration | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Governance | <input type="checkbox"/> Management/Leadership |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Handy Man | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Special Event Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Other: _____ |

Volunteer Positions

Committee work – Governance

- Board of Directors Board Development Human Resources Finance Fundraising

Committee work – Operations

- Program Fundraising Dinner Marketing Volunteer Advisory Fashion Show

Office Reception Filing Financial Screening

Computer Data Entry Excel

Retail Bookstore Raffle Tickets

Programs Program Facilitator Program Assistant

Newsletter Folding & Stuffing Hand Delivery Proofreading Photocopying

Phoning Contacting members Home Maintenance Provision Phoner

Friendship Sending Cards Birthday Greeter

Maintenance Room set-up/clean-up Gardening Basic Repairs Van Maintenance

Food Services Hobnobs café Food Pickup Shopping Food Preparation Hotdogs

Special Events Planning Decorating Food Preparation Serving

River East Seniors Resource Finder Driver Meal Program

Support to Seniors Hanging posters Office work Program leader Special events Casual

AVAILABILITY

Please (√) the time periods you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9 am – 12pm					
Afternoon 12 pm – 4 pm					

How often would you like to volunteer? _____

How long a commitment are you prepared to make? _____

Please note the times of the year you are **not** available to volunteer _____

HEALTH INFORMATION

Please list intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

REFERENCES

Please list three references – past or present employers, volunteer coordinators, family or friends.

Name	Phone Number	Relationship

Because we take our responsibility for our clients seriously, we screen all our applicants thoroughly. We require the submission of three personal and/or professional references for all positions and police record checks for high-risk positions. Consent of references must be obtained before submission. All information gathered will be kept in the strictest confidence. While we try to place every candidate, Good Neighbours reserves the right to reject any applicant.

I consent to the gathering of this information for the sole purpose of contact and placement as a volunteer for Good Neighbours Active Living Centre.

I also verify that all of the above information provided is true and complete.

I hereby authorize the Volunteer Program Department to contact the above named references to ascertain my suitability as a volunteer.

Signature: _____ **Date:** _____