



MY FRIEND'S HOUSE

VOLUNTEER APPLICATION FORM

Thank you for completing this form.

All information gathered will be kept confidential and will be used only by My Friend's House.

Last Name: _____ First Name: _____

GENERAL INFORMATION

Address: _____ Apt/Unit #: _____

City: _____ Prov: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

May we call you at work? Yes No

Fax: _____ Cell Telephone: _____

Other: _____ E-mail Address: _____

Preferred contact method: _____

Valid Driver's License: Yes No

APPLICATION PROFILE QUESTIONS

My Friend's House adheres to and complies with the provisions of The Human Rights Act.

Have you ever been employed by, or volunteered with, My Friend's House? Yes No

If yes, please specify where, when and your position or role _____

List any previous and/or current volunteer activities outside My Friend's House.

How did you hear about the volunteer program at My Friend's House? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Display | <input type="checkbox"/> Called Shelter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> Public Event | <input type="checkbox"/> School |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Another Volunteer | <input type="checkbox"/> Other (please specify): _____ |

Describe your main reasons for wanting to volunteer. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Interest in community involvement |
| <input type="checkbox"/> Gain experience & develop skills | <input type="checkbox"/> Establish work record & build resume |
| <input type="checkbox"/> Meet people & network | <input type="checkbox"/> Other (please specify): _____ |

Indicate the type of volunteer work that interests you. (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Clerical/Office/Administration | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Computer Work |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Presentations/Public Speaking |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Other (please specify): _____ | |

What is your availability? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Regularly - once or twice weekly | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Projects - one to three months | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Occasionally, as needed | <input type="checkbox"/> Other (please specify): _____ |

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5 P.M.							

Check all the times that you are available:

Are you currently employed? Yes No

Position/Title: _____

Employer: _____

Employer Address: _____

Can you provide a resume? Yes No

If not, please provide a list of your work experience:

What special skills, training or qualifications do you have that you would like to use in your volunteer role (e.g., accounting, public speaking)?

Which computer software programs do you have experience working with?

Languages:

Spoken: English French Other: _____

Written: English French Other: _____

REFERENCES

List two people (not family and friends) who are familiar with your abilities as a worker or volunteer whom we might contact:

Name: _____

Telephone #: _____

Relationship to Applicant: _____

Name: _____

Telephone #: _____

Relationship to Applicant: _____

REFERENCE CONSENT

I certify that the information in this application is correct and complete. I agree to behave in accordance with the Fundamental Principles of My Friend's House. I give my permission to My Friend's House or its representative to contact the above references. I understand that I will be advised if a criminal record check is required. I understand that if I am below the age of majority I must have my parent/guardian sign and provide their contact information below.

Reference Consent: _____ Date: _____

I am aware and support _____'s decision to volunteer with My Friend's House.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____ Telephone: _____

PROCESS TO BECOMING A VOLUNTEER

- ◆ Volunteer Application Form
- ◆ Interview
- ◆ Criminal Reference Check (if required)
- ◆ Confidentiality Agreement (if required)
- ◆ Acceptance
- ◆ Job Description
- ◆ Orientation

Signature: _____ Date: _____

Suitable applicants will be contacted to discuss opportunities.

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

- Volunteer Application Reference Check #1
- Volunteer Application Reference Check #2
- Criminal Reference Check
- Confidentiality Agreement Signed
- Job Description Provided and Reviewed
- Orientation

Start Date: _____

Orientation Date: _____

Date of Resignation: _____