Volunteer Application

**Please note:** There will be a four-week probationary period for all new volunteers. A Vulnerable Sector check may be required.

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| --- |
| Personal Information |
| Last Name | First Name | DOB (month/date) |
|  |  |  |
| Address Line 1 |
|  |
| Address Line 2 |
|  |
| City | Province | Postal Code |
|  | NS |  |
| Home Phone | Cell Phone |
|  |  |
| Email |
|  |
| How were you referred to us? |
|  |
| Why do you want to volunteer? |
|  |

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| --- |
| Education |
| School Name | Highest level completed |
|  |  |
| Degree or Major | Expected graduation date |
|  |  |
| [ ]  I am volunteering for school credit. If yes, please fill out the following additional information. |
| Course Name |
|  |
| Teacher Name | Phone Number / Email |
|  |  |
|  |  |

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| Employment & Extra-Curricular Activities |
| Current Employer | Hours/week: |
|  |  |
| Please list any extra-curricular activities you are involved in |
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| Emergency Contact |
| Name |
|  |
| Relationship to You |
|  |
| Home Phone | Cell Phone | Work Phone |
|  |  |  |

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| Volunteer Position |
| What skills, training, or knowledge do you have that you apply to volunteering? (Choose all that apply) |
| [ ]  Accounting | [ ]  Event/Trip Planning | [ ]  Music/Dance |
| [ ]  Administrative / Clerical | [ ]  Finance/Bookkeeping | [ ]  Organizational |
| [ ]  Arts & Crafts | [ ]  Fitness | [ ]  Photography |
| [ ]  Carpentry/Electrical/Plumbing | [ ]  Health/Medical | [ ]  Public Speaking |
| [ ]  Communications | [ ]  Leadership/Training | [ ]  Scrapbooking/Journaling |
| [ ]  Computer Literacy | [ ]  Marketing/PR/Media | [ ]  Writing |
| Other (please specify) |
|  |
| Are there any areas you would **NOT** like to volunteer? |
|  |
| What days would you like to volunteer? | Special Events Only |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| What time do you prefer? | Special Events Only |
| [ ]  Mornings | [ ]  Afternoons | [ ]  Evenings |

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| References |
| 1 | Name |
| ` |
| Contact Information |
|  |
| 2 | Name |
|  |
| Contact Information |
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