Volunteer Application

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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? | | | |
|  | | | |

|  |  |
| --- | --- |
| 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 |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Employment & Extra-Curricular Activities | |
| Current Employer | Hours/week: |
|  |  |
| Please list any extra-curricular activities you are involved in | |
|  | |

|  |  |  |
| --- | --- | --- |
| Emergency Contact | | |
| Name | | |
|  | | |
| Relationship to You | | |
|  | | |
| Home Phone | Cell Phone | Work Phone |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |

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