|  |
| --- |
| Initial Contact: Volunteer Application Form |
| Volunteer’s full legal name [print] | Volunteer’s Signature |
| Home Address: | Postal Code: | Home No.: |
| E-Mail Address: | Work No.:  | Emergency Contact: [name and cell number] |
| Prior Experience as a Volunteer |
| Organization | Approximate date(s) | Principal Activities | Contact Person |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Personal References: |
| Name | Relationship | Duration of Relationship | Phone No. or Email Address: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Additional Information that may be required (circle ‘Yes’ or ‘No’) |
| Are you willing to provide a driver’s license, driver’s abstract, and/or proof of auto insurance, if requires (a requirement if your volunteer duties entail you using your motor vehicle)? | Yes | No |
| Are you willing to receive orientation regarding your volunteer duties, and to acknowledge that orientation was received? | Yes | No |
| Are you willing to being evaluated on your volunteer work (a requirement if your volunteer assignment is on-going/not time-limited, or if you have more than occasional contact with clients)? | Yes | No |