Volunteer Application

# **Part One - Personal Information**

Name: **Last Name**, **First Name** Address: **Click here to enter text.**

Telephone: **Click here to enter text.** **Choose an item.** Email: **Click here to enter text.**

How did you hear about CLGW? **Click here to enter text.**

# **Part Two - Police Check**

Have you completed a Criminal Reference or Vulnerable Sector Screening Application within the last six months?

Yes  No

# **Part Three - Opportunities**

Which of the volunteer opportunities listed below are of interest to you? (Please check all that apply):

One to One Support  Fund Raising  Program/Group Assistant  Manual Work  Administration

Which age group(s) would you like to support as a volunteer?

Adults  Senior Adults (60+)  No preference

# **Part Four - Special Skills**

Please list any special skills and/or interests you have that may be of value as a volunteer. **Hobbies, e.g. music, sports and recreation, cooking/baking, arts/crafts; First Aid, CPR, etc.**

Please list any relevant work or volunteer experience: **Click here to enter text.**

If there is a specific location or site within our agency you wish to volunteer, please specify: **Click here to enter text.**

# **Part Five - Availability**

Over the next year, when are you available? (Check as many as apply)

Mornings  Afternoons  Evenings  Weekdays  Weekends

Winter  Summer  Spring  Fall

# **Part Six - Work/Volunteer Related References**

Name: **Click here to enter text.** Company Name: **Click here to enter text.**

Phone/email address: **Click here to enter text.** Relationship to you: **Click here to enter text.**

Name: **Click here to enter text.** Company Name: **Click here to enter text.**

Phone/email address: **Click here to enter text.** Relationship to you: **Click here to enter text.**

Name: **Click here to enter text.** Company Name: **Click here to enter text.**

Phone/email address: **Click here to enter text.** Relationship to you: **Click here to enter text.**

**Please Note: References should be directly related to your past/volunteer experience.**

# **Part Seven - Release of Information**

I, **Name**, authorize the Volunteer Engagement Coordinator of Community Living Guelph Wellington to contact the references indicated above, as well as any other relevant volunteer references included with my resume/application in order to confirm pertinent details of my previous work and/or volunteer experience(s).

The facts set forth on this application and/or in my resume are true and complete. I understand that if placed, false statements may be considered sufficient cause for dismissal. I also understand that if I am offered a volunteer placement, the position offered will be contingent upon satisfactorily passing reference checks, including a Criminal Records Check with Vulnerable Sector Search.

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Volunteer Signature Date

# **Part Eight - Submission**

Thanks very much for taking the time to complete this application form! The Volunteer Engagement Coordinator will contact you once your application has been reviewed.

Please forward your completed application to the:

Volunteer Engagement Coordinator Email: [volunteer@clgw.ca](mailto:volunteer@clgw.ca)

Community Living Guelph Wellington

8 Royal Road

Guelph, ON N1H 1G3