



VOLUNTEER APPLICATION FORM

Name: _____

MailingAddress: _____

Town\City Prov. Postal Code

Telephone: _____
Home Business

Student: ___ Yes ___ No Grade Level Achieved: _____

School which you attend _____

Employed: ___ Part-Time ___ Full-Time ___ Unemployed

Name of Employer: _____

Mailing Address: _____

Town\City Prov. Postal Code

Nature of Work or Course of Study: _____

Languages Spoken: _____ English _____ Written
_____ French _____ Written
_____ Other _____ Written Please specify _____

Extra Qualifications: (First Aid, C.P.R., Sign Language, Swimming, etc.)

Interests or Hobbies: (Dancing, music, drama, arts and crafts, etc.)

Work Experience:

Organization	Type of Work	Period of Employment
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Previous or Present Volunteer Experience:

Organization	Type of Volunteer Placement	Period of Placement
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Other significant activities or life experiences:

Do you have a relative or friend who has a developmental disability?

___ Yes ___ No

How did you hear about our Volunteer Program? _____

Why do you want to become a volunteer with the Georgina Association for Community Living?

Days Available:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

___ Friday ___ Saturday ___ Sunday

Time Available:

___ Mornings ___ Afternoons ___ Evenings ___ Weekends

Do you drive and have access to a car? ___ Yes ___ No

Would you commit yourself to:

___ 6 months ___ 9 months ___ 1 year ___ Longer

Volunteers are needed throughout the Association. Please indicate the areas where you think you may have the greatest interest.

___ Leisure Friend

___ Recreation Program

___ Program Volunteer

___ Special Events Volunteer

___ Board Member

___ Committee Member

___ Other - Please specify _____

Please indicate two non-related personal or business references:

1. _____
Name

Address Tel. No.

Relationship
2. _____
Name

Address Tel. No.

Relationship

In case of an emergency, please contact:

Name

Address

Tel. No.

Please return this form to:

Community Relations Officer
Community Living Georgina
P.O. Box 68
Sutton West, Ontario L0E 1R0
Telephone: (905) 722-8947

Please Note:

Criminal Reference Checks

The Ministry of Community and Social Services requires that we do criminal reference checks on all potential volunteers and employees. Results of the criminal check must be received by the Association before a position can be offered. It is your responsibility to apply for the Volunteer/Applicant Screening Request with the York Regional Police. An addressed envelope has been provided. There is a \$15.00 fee for this request that will be reimbursed by the Association.

Responses from the York Regional Police will be returned directly to you. The original response must be submitted to the Association's Executive Director in a sealed envelope (enclosed and pre-addressed). All information sent to the Association will be kept confidential.

It is important to point out that a previous criminal record may not prevent the placement of a potential volunteer. The nature and date of the record as well as the responsibilities of the position will be considered.