



**Seaway Valley
Community Health Centre**

Working with you for a Healthier Community

VOLUNTEER APPLICATION FORM
(ALL INFORMATION IS STRICTLY CONFIDENTIAL)

The information on this form will help us to find the most satisfying and appropriate participation /placement for you. Your cooperation in completing it is most appreciated.

Name: _____
Last First

Address: _____

Postal Code: _____ Tel: (H) _____ (W) _____

E-mail: (H) _____ (W) _____

Emergency Contact: _____ Tel: _____

1. Given your skills and interests, what kinds of work/tasks would you like to do at SVCHC?

2. Why are you interested in volunteering at SVCHC?

3. What do you hope to gain from your volunteer experience?

4. What are your special skills, training, hobbies or interests you would like to use as a volunteer?

5. Are there any skills you do not want to use as a volunteer?

6. Employment

What is your previous/present paid work experience?

Dates	Position(s)	Employer(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Volunteer Experience (Past and Present)

Dates	Position(s)	Organization(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Education

High School College University Other _____

Dates	Courses/Certificates/Diplomas/Degrees	School(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Languages

- | | | | | | |
|------------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> French | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Arabic | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Spoken | <input type="checkbox"/> Written | <input type="checkbox"/> Other | _____ | |

10. How did you hear about volunteering at the Centre?

- | | | | |
|--------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> SVCHC staff | <input type="checkbox"/> SVCHC volunteer | <input type="checkbox"/> SVCHC website | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Board member | <input type="checkbox"/> AGM/meeting | <input type="checkbox"/> Radio/TV |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (please specify) _____ | | |

11. I am available to volunteer for: 3 months 6 months 1 year Other _____

Please indicate which day/s you are available

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Total # of hours per week? _____

When are you not available? _____

12. Are there any limitations (i.e. physical) that would affect your placement duties?

13. Have you ever had CPR-AED training? Yes No

If yes, what was the date of your last CPR-AED training? _____

14. Is there any other information you wish to provide?

PLEASE NOTE: Many of SVCHC's clients are considered to be vulnerable; therefore all staff and volunteers must have a Police Record Check. Following your interview, you will be asked to obtain a Police Vulnerable Sector Check. SVCHC will reimburse the cost of this service.

15. References

Please provide three references, at least one from a supervisor (if possible). Please do not include family members. **NOTE: please make sure to provide the email addresses for each of your references. Thank you.**

Name _____ Relationship _____

Phone (H) _____ (W) _____

e-mail address _____

Name _____ Relationship _____

Phone (H) _____ (W) _____

e-mail address _____

Name _____ Relationship _____

Phone (H) _____ (W) _____

e-mail address _____

16. Declaration

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

I, _____, authorize Seaway Valley Community Health Centre staff to verify information on my application, including former employment, schools and other organizations. This covers all of my employment history, together with all information former and present employers may give concerning me, whether on record or not. I hereby release former and present employers, schools and organizations from all liability for any damage for issuing this information.

-permission is hereby granted to SVCHC to send SVCHC mailing to my home

-permission is hereby granted to SVCHC to publish my name and/or photograph (e.g. Publications, Newsletters and Annual Report)

Signature

Date

Please return this completed form to Seaway Valley Community Health Centre.

Last Revised	04-09-2012
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