



VOLUNTEER APPLICATION

Part 1 – Identifying Information

Date: _____

Last Name	First Name	Middle Name

Address	P.O. Box/ Apt. #	Town/City

Postal Code	Email Address	Drivers Licence Number

() -	() -	() -
Home Phone	Work Phone	Cell Phone
Telephone Numbers		

Employer/School	
Education/Training	

PART II: Volunteer Interest(s)

I would like to be:

✓	✓ (tick your selections)	✓	✓ (tick your selections)
	<i>A volunteer driver</i>		<i>a special project volunteer</i>
			office work
			special activities/projects
			committee work
			Christmas projects
			other

I expect to be available to volunteer for: (✓)

0-6 months

7-12 months

at least 1 year



PART III: Background & Experience

Why do you want to volunteer?

Do you know anyone connected with this Children's Aid Society?

Have you ever received service from this or any other C.A.S.? If yes, please explain?

What volunteer work have you done?

What are your special interests, skills, hobbies?

How did you hear of our volunteer service?



PART IV: PERSONAL REFERENCES

Please give the name and addresses of 3 people, (one should be someone other than a relative) who know you well and who are willing to be contacted as references.

Please name people who have known you at least 2 years.

Name	Address	Tel#	Postal Code

Name	Address	Tel#	Postal Code

Name	Address	Tel#	Postal Code

PART V: POLICE RECORD CHECK - CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

This is required for all volunteer work. Please complete the **attached form** and submit to the Agency with your application.

PART VI: MEDICAL REFERENCE

This is required for Volunteer Drivers. Please complete the **attached consent** and submit to the Agency with your application.



PART VII: VOLUNTEER DRIVER APPLICATIONS

If you are applying to become a Volunteer Driver please complete this part.

Last Name	First Name	Middle Name

MAIN VEHICLE INFORMATION:

MAIN Vehicle:	Licence #		
Make of Vehicle	Model of Vehicle	Year of Vehicle	

	# of Seat Belts
--	-----------------

<u>Yes</u>	<u>No</u>	Tether Bolt
------------	-----------	-------------

ALTERNATE VEHICLE INFORMATION:

ALTERNATE Vehicle:	Licence #		
Make of Vehicle	Model of Vehicle	Year of Vehicle	

	# of Seat Belts
--	-----------------

<u>Yes</u>	<u>No</u>	Tether Bolt
------------	-----------	-------------

NOTE:

All volunteers must be willing to notify their insurance company that their vehicle is being used for volunteer driving.

Proof of \$1,000,000 insurance coverage should accompany this application.

Please note that a **Driver Record Search** with the Ministry of Transportation is completed by the Society for all applicants as part of the procedure for "Disclosure of Personal Information".

PART VIII:

I confirm that the information provided in this application is correct.

Signature of Volunteer

Date (mm/dd/yyyy)