

Bringing care and community together / Jumeler soins et collectivité

Volunteer Application

Submitted: /2018

<p>Welcome to the Western Ottawa Community Resource Centre! Thank you for offering to volunteer your time and skills. The information on this form will be used to assist us in placing you in the most suitable and rewarding position, to advise you of future volunteer opportunities and to keep you informed and up-to-date on the activities of the WOCRC.</p>	
PERSONAL INFORMATION	
Name	
Address	
City	
Home Telephone	
Business Telephone	
Email Address	
Birth Month	
Languages	
Languages - Other	
Are you a Francophone?	Yes No
Emergency Contact	
Name	

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Phone	
Relationship:	
Volunteer Information	
How many hours per week would you like to volunteer	
When are you available to volunteer? (Please note that most of our volunteer opportunities are during weekdays.)	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings
Morning	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
Afternoon	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
Do you have any special needs, which need to be taken into consideration when selecting a suitable volunteer position?	Yes No
If yes, explain:	
How did you hear about us?	
What volunteer programs / positions would you like to be involved in?	

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Skills and Experience	
Volunteer and/or paid work experience	
Special Skills/ Talents/ Education or Training	
Affiliations within the Community	
Please identify any service clubs that you are affiliated with in the community	
Character References	
Name #1	
Phone #1 - Day	
Phone #1-Evening	
Email	
Name # 2	

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Phone # 2 - Day	
Phone #2 - Evening	
Email # 2	

If you are between 14 and 16 years of age, please have your parent or guardian sign below, indicating approval of your request to volunteer at the WOCRC:

Parent / Guardian Signature

Date

Volunteer Signature Date