

OUR PLACE FAMILY RESOURCE CENTRE VOLUNTEER APPLICATION FORM



PERSONAL INFORMATION:

Name: _____

Address: _____

_____ City _____ Postal Code

Telephone: Home: _____ Work: _____

E-mail: _____

Emergency Contact: (Name/Number): _____

Languages Spoken: _____



INTERESTS AND AVAILABILITY:

1. Please check any of the following areas that are of interest to you: (Not all positions are available at all times)

- Children's Programs Office Work Parent Council/Committee Work
- Fundraising Special Events Creative Projects i.e Bulletin Boards, Displays
- Other: _____

2. How much time do you think you would ideally like to volunteer each week: _____

Daytime _____ Evenings _____ Weekends _____

EXPERIENCE/SKILLS /EDUCATION:

1. Please list any previous or current volunteer experience: _____

2. Please list any previous or current work experience: _____

Please turn over to complete page 2 of application form.

4. Please list any Diplomas, Degrees, or what is your current level of Education you have completed:

MOTIVATION/GOALS:

1. How did you hear about our volunteer program: _____

2. Why do you want to be a volunteer with Our Place Family Resource Centre: _____

3. What do you hope to get from your volunteer experience with Our Place Family Resource Centre: _____

REFERENCES:

Please list the names of three people who know you well. Ideally, at least two of them should have knowledge of your work (either paid, unpaid, or academic). We conduct reference checks by email, so please let your references know that they may be receiving this form to complete after you accepted to volunteer with our organization.

Name	Position/Company Name EMAIL address	Phone	Relationship to Applicant

I understand Our Place Family Resource and Early Years Centre will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship.

I consent to Our Place Family Resource and Early Years Centre doing so and I also consent to the collection and use of my personal information in order to ensure the safety of Our Place Family Resource and Early Years Centre participants, to satisfy government and regulatory obligations, for statistical purposes and to inform me about Our Place Family Resource and Early Years Centre programs and services. I consent to the release of my name and address to the Our Place Family Resource and Early Years Centre's Financial Development Department to further the Our Place Family Resource and Early Years Centre's philanthropic activities.

Applicant's Signature

Date