

VOLUNTEER/STUDENT APPLICATION FORM

Name: _____

First Name

Last Name

Address: (please include postal code)

Phone Number (Home): _____ (Work): _____

Email: _____

Age: under 18 (specify) _____ 18-25 26 – 35 36 – 50 over 50

Emergency Contacts:

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Past Volunteer/Work Experience: (or attach resume)

Organization's Name: _____

Dates: from _____ to _____

Brief description of duties: _____

Organization's Name: _____

Dates: from _____ to _____

Brief description of duties: _____

What **skills, hobbies, and interests** do you have, that you feel you could share with us in your volunteer role supporting people with intellectual disabilities?

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> arts and crafts | <input type="checkbox"/> group leadership | <input type="checkbox"/> public speaking | <input type="checkbox"/> child care |
| <input type="checkbox"/> dancing, singing | <input type="checkbox"/> writing/literacy | <input type="checkbox"/> organizing events | <input type="checkbox"/> driving |
| <input type="checkbox"/> clerical | <input type="checkbox"/> public relations | <input type="checkbox"/> swimming | <input type="checkbox"/> bowling |
| <input type="checkbox"/> sewing | <input type="checkbox"/> socializing | <input type="checkbox"/> sports | <input type="checkbox"/> woodworking |
| <input type="checkbox"/> others: _____ | | | |

Transportation: (for volunteer drivers only)

Do you have a valid drivers licence? Yes No what class _____

Do you have access to a car? Occasionally frequently full time never

Your Availability:

Please indicate when you are most available to volunteer with Community Living:

- | | |
|---|---|
| <input type="checkbox"/> day or <input type="checkbox"/> evening | <input type="checkbox"/> weekdays or <input type="checkbox"/> weekends; |
| <input type="checkbox"/> year round or <input type="checkbox"/> summer only | Hours per week _____ |

How did you hear about our Association's Volunteer program?

- newspaper radio cable tv word of mouth
- information booth school volunteer resource center
- other – please specify _____

What role would interest you the most?

- assisting staff in adult day program – in Oshawa or Bowmanville
- recreational volunteer
- friendship volunteer with someone - living in group home living on their own
living at home with their family or living with a foster family
- volunteer driver to help people get to appointments, grocery shopping etc.
- teaching – helping someone one on one to reach a specific goal
- committee work – participating on Board/committee that is suited to my skills
- administrative volunteer – helping in clerical duties
- maintenance/gardening volunteer (gardening, home decorating, yard work)
- special events – organizing, planning and implementing fundraising events

References: All volunteers/students are required to provide Community Living with two references – preferably one personal and one business (re: volunteer or employment work) – please ensure phone number provided is where reference can be reached from Monday – Friday from 8:30 a.m. – 5:00 p.m. By signing this application, you give Community Living Oshawa/Clarington permission to contact these references:

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

- for employment purposes, I give CLOC's Volunteer Services permission to share my reference & police checks with their Human Resources department; this permission is valid for up to one year after completion of placement
- I do not give permission to Volunteer Services to share my references for any reason

I hereby understand that by becoming a volunteer with Community Living Oshawa/Clarington, I will abide to all policies dealing with confidentiality of information, which may be obtained during my placement.

_____ Date _____ Signature _____

Office Use Only Date: _____
Interview comments: