

*FAMILY and CHILDREN'S SERVICES
Of the Waterloo Region*

VOLUNTEER APPLICATION FORM

SURNAME: _____ FIRST NAME: _____
(Mr., Miss, Ms., Mrs.)

PHONE: _____
HOME WORK

E-MAIL: _____ FAX: _____

ADDRESS: Please specify if permanent or temporary

Street (Apartment) City Postal Code Lived There # Years

Please list previous address(es) if less than two years:

Street (Apartment) City Postal Code Date Left

Street (Apartment) City Postal Code Date Left

Are you legally entitled to work/volunteer in Canada? Yes No

WE'D LIKE TO KNOW MORE ABOUT YOU – PLEASE COMPLETE THE FOLLOWING:

Training & Skills developed (through training and/or personal experience):

Education:

NOTE: All prospective Volunteer Applicants are considered equally as to their potential suitability to volunteer regardless of race, creed, colour, national origin, ancestry, citizenship, age, sex, sexual orientation, place of origin, marital status, family status or handicap. This is in compliance with the Charter of Rights and Freedoms and Ontario Human Rights Code.

Occupation:

Current Employer (if Applicable):

Length of time in this position (if applicable):

Why do you wish to volunteer with Family and Children's Services?

How much time are you able to commit? Hours Per Week _____

How long would you like to volunteer? Months _____ Years _____

When do you wish to volunteer? (Please check appropriate boxes)

- | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends | <input type="checkbox"/> Anytime |
-

Please describe the volunteer experience(s) you are looking for:
(Please check the appropriate boxes)

- | | | |
|---|---|---|
| <input type="checkbox"/> One to one work Child/Youth | <input type="checkbox"/> Child care | <input type="checkbox"/> Driving |
| <input type="checkbox"/> One to one work Adult | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Research (e.g. Lifebooks) | <input type="checkbox"/> Short-term projects/ special events | <input type="checkbox"/> Other |
-

Do you have transportation to and from assignments? Yes No

Can you provide transportation to others while volunteering? Yes No

For any volunteers who drive as part of their volunteer work, the required liability insurance coverage is 1 million dollars. Do you have sufficient coverage?

Yes No

If working on a one-to-one basis, with whom do you prefer to work?
(please check appropriate boxes)

- | | | | |
|--|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Preschooler | <input type="checkbox"/> School aged child |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Adult | <input type="checkbox"/> Groups | <input type="checkbox"/> Families |
| <input type="checkbox"/> Another specific interest _____ | | | |

It has been our experience in one-to-one volunteering, that common interests make good matches. Before trying to find an appropriate assignment for you, we would like to know a little more about your interests and about the way you spend your leisure time. The recipients of service are asked similar questions.

Please list any hobbies: e.g. sketching, cooking, rock collecting

Please list any sports and your level of participation: e.g. play snooker, watch hockey, ride dirt bike, coach basketball, etc.

List any involvement with community groups:

Other interests: e.g. arcades, going to concerts, Reading, etc.,

Please list any activities you are opposed to doing as a volunteer:

Because of the difficulties and challenges in their lives, some of the children and youth we serve have problems that may also challenge volunteers and others who relate to them. What children's behaviours would be a challenge for you?

Are there any specific characteristics that you find easier to work with or that you would like your "match" to possess? If yes, please describe:

Is there any other information you think would be helpful for us to know?

THANK YOU

SIGNATURE: _____

DATE: _____