



# COMMUNITY LIVING ASSOCIATION FOR SOUTH SIMCOE

Volunteer # \_\_\_\_\_

## VOLUNTEER APPLICATION FORM

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

BUSINESS NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

SPECIAL COURSES/SKILLS: \_\_\_\_\_

INTERESTS/HOBBIES: \_\_\_\_\_

VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD ANY PREVIOUS EXPERIENCE WITH CLASS? YES [ ] NO [ ]

HOW DID YOU BECOME FAMILIAR CLASS?

\_\_\_\_\_

|                                   |          |           |     |
|-----------------------------------|----------|-----------|-----|
| WHEN WOULD YOU LIKE TO VOLUNTEER: | WEEKDAY: | MORNING   | [ ] |
|                                   |          | AFTERNOON | [ ] |
|                                   |          | EVENING   | [ ] |
|                                   | WEEKEND: | MORNING   | [ ] |
|                                   |          | AFTERNOON | [ ] |
|                                   |          | EVENING   | [ ] |

HOW MANY HOURS WOULD YOU LIKE TO VOLUNTEER: \_\_\_\_\_ PER MONTH

**PLEASE CHECK AREAS OF INTEREST:**

Adult Services: [ ]      Youth Services: [ ]      Fundraising: [ ]

Do you have a valid Ontario Driver's Licence?      YES [ ]      NO [ ]

Do you have regular access to a car?      YES [ ]      NO [ ]

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Criminal reference checks are completed for anyone volunteering in a position of trust or who has direct contact with children and or vulnerable adults.

Have you ever been convicted for a criminal offence for which a pardon has not been granted?  
[ ] Yes,      [ ] No.

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**PERSONAL REFERENCES:**

**Please list three people we may contact for references. One may be a family member.**

**NAME      PHONE # & EMAIL ADDRESS      RELATIONSHIP TO YOU**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**ALL INFORMATION IS CONFIDENTIAL, REMAINS THE PROPERTY OF CLASS AND CANNOT BE DISCLOSED WITHOUT YOUR PERMISSION.**

I hereby declare that the forgoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteer consideration. I authorize you to contact my personal references to verify the data provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLASS VOLUNTEER CONTACT:**

Evelyn Shaw: Human Resources/Volunteer Co-ordination  
125 DUFFERIN STREET, SOUTH, ALLLISTON ONTARIO, L9R 1E9  
705-435-4792, EXT 226  
evelynshaw@class.on.ca

