



Volunteer Application

Complete all sections of this form. Return to the Recreation Coordinator at the Silver Willow.
Please note: three (3) references will be required and the list brought to the interview.

Volunteer Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Name <i>(last, first)</i>		
Mailing Address:		City/Town	
Province	Postal Code	E-mail	
Home Phone	Work Phone	Cell Phone	
Preferred Method of Contact			
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <i>(seeking Employment)</i>		<input type="checkbox"/> Retired <input type="checkbox"/> Post-Secondary Student	
		<input type="checkbox"/> High School Student <input type="checkbox"/> Jr High School Student	
Are you a Canadian Citizen or permanent resident? <input type="checkbox"/> Yes <div style="text-align: right;"><input type="checkbox"/> No, complete →</div>		Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be receiving academic credits for your volunteer work? <input type="checkbox"/> Yes, complete →	Required number of hours	Date to be completed by: <i>(Year/Mon/Day)</i>	
List the types of volunteer activities that interest you			
Volunteer Experience			
Organization	Responsibilities	From (Yr/Mon)	To (Yr/Mon)



Employment History

Employers Name	Responsibilities	From (Yr/Mon)	To (Yr/Mon)

Please Indicate (☑) Your Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the length of volunteer commitment in which you are interested (i.e. months, years)

Indicate the Skills and experience you have to offer (check ☑ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Interpretive Visitation |
| <input type="checkbox"/> Computer Skills | First language spoken _____ |
| <input type="checkbox"/> Experience with the Elderly | Second language spoken _____ |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Fundraising Experience | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Organizational Skills | _____ |
| <input type="checkbox"/> Public Speaking | _____ |

Indicate your main reason for volunteering (check ☑ all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic credit | <input type="checkbox"/> Help Others | <input type="checkbox"/> Share a skill or talent |
| <input type="checkbox"/> Church/religious requirement | <input type="checkbox"/> Increase self-confidence | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Employment experience | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> stay active and involved |
| <input type="checkbox"/> Explore Careers in Senior Care | <input type="checkbox"/> Practice English skills | <input type="checkbox"/> other (specify) _____ |
| | | _____ |



Please provide any further information that you would like us to consider when determining your volunteer placement. Please include information regarding any specific disability, including physical or intellectual problems, or health concerns that may affect your volunteering.

Authorization and Acknowledgement

I declare that the information provided in this application is true and complete, I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be immediately revoked by the Mosquito Creek Foundation at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.

I authorize the Mosquito Creek Foundation to contact individuals or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer.

Signature

Date

The personal information collected by this application form is collected under the authority of section 33(c) of the freedom of Information and Protection of Privacy Act and will be used and disclosed by Mosquito Creek Foundation for verifying the statements in this application and for determining an appropriate placement as a volunteer.

Thank you for your interest in Volunteering at Silver Willow.