

The information on this form will help us find the most satisfying and appropriate volunteer position for you. Your co-operation is most appreciated.

PLEASE PRINT

Volunteer Name: _____

Address: _____
(Street) (City) (Postal Code)

Email Address: _____

Telephone #: Home: _____ Business: _____

Emergency Contact: _____ Telephone #: _____

Employment Status:

Full time___ Part time___ Student___ Not seeking employment___ Employed___
Seeking employment___ Homemaker___ Retired___

Special Skills/Qualifications or Interests: _____

Why are you interested in Volunteering at Guelph CHC?

Keep Busy/Active___ Gain Work Experience___ Meet People___ Help People___
Retain/share skills___ To get to know the community___ Community Service___
Required for school/work___ Other___ Please specify

Expected benefits from Volunteer work: _____

Do you have previous volunteer experience? Yes___ No___

If "yes", where did you volunteer? _____

CURRENT VOLUNTEER/WORK EXPERIENCE

V/W	NAME OF ORGANIZATION	TYPE OF WORK	TIME
1.			
2.			
3.			

How did you hear about volunteering at the Guelph CHC?

Newspaper___ Radio___ Another Agency___ Internet___ Postcard___
Walk in___ Word of Mouth___ Volunteer Centre___

REFERENCES

CONTACT PERSON	RELATIONSHIP	TELEPHONE #

Please indicate the times you are available:

DAY	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What time commitment are you looking for?

Less than 6 months ___ 6-12 months ___ One year or more ___
 Short-term special events ___ Other ___

Please indicate the volunteer positions that interest you:

Children's Programs	_____	Administrative Support	_____	Garden Fresh Box	_____
Food Preparation	_____	WE Breastfeed	_____	Special Projects	_____
Helping Hands	_____	Board of Directors	_____	Fundraising	_____
ID Clinic	_____	Reception	_____	Special Events	_____
Healthy Child Screen	_____	Committees	_____	Other	_____

I authorize the investigation of the information provided above and release the Guelph CHC and all others from liability in connection with this investigation. I also understand that untrue, misleading, or omitted information may result in dismissal, regardless of the time of discovery.

Signature: _____

Date: _____