



Dufferin County
Community Support Services
 167 Centre Street, Shelburne, ON L9V 3R8
 (519) 925-5452

VOLUNTEER APPLICATION

Date of Application:

PERSONAL INFORMATION:

Name: Email:

Address: Postal Code:

Home phone: Work/Cell phone:

Volunteer position applying for: Transportation Meals on Wheels
 Adult Day Program Friendly Visitor

Why do you want to volunteer? Or, what do you want to gain from this volunteer experience?

Do you have a driver's license? Yes No License Class:

Do you own your own vehicle? Yes No

Would you be interested in providing transportation? Yes No

EDUCATIONAL HISTORY:

	Name of School	Address	Last Grade Completed
High School			
College/University			

Have you completed any additional educational programs or special training? If so, briefly describe (Extension, Night School, Correspondence, etc.):

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Plans for further study, if any:

If you have any further skills, please describe:

List your hobbies and interests:

EMPLOYMENT HISTORY: Please start with your most recent job.

Current employer, if applicable:

Address:

Position:

Reporting to:

Date Commenced:

Last Employer:

Address:

Position:

Reporting to:

Date Commenced:

Date Left:

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes No

Do you belong to any groups, clubs, or have any organizational memberships?

Please describe your prior volunteer experience (include organization name and dates of service):

What life experiences have you had that may prepare you to work as a volunteer with seniors and disabled adults?

VOUNTEER APPLICATION

REFERENCES: Please provide two (2) references. No relatives, please.

1) Name: <input type="text"/>	Occupation: <input type="text"/>
Address: <input type="text"/>	Phone: <input type="text"/>
2) Name: <input type="text"/>	Occupation: <input type="text"/>
Address: <input type="text"/>	Phone: <input type="text"/>

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have provided and will provide information that is true, correct, and complete to the best of my knowledge throughout the selection process, including on this application for a volunteer position and in interviews with Dufferin County Community Support Services. I certify that I have answered and will answer all questions to the best of my ability and that I will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Dufferin County Community Support Services. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Dufferin County Community Support Services or my termination as a volunteer.

Signature:

Date:

TIME AVAILABLE

	Morning	Afternoon	Evening	Preference
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
On Call				

The personal information collected on this form is collected in Accordance with Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended, and will be used to determine the applicant's eligibility as a volunteer.

Questions about this collection should be directed to the Clerk (519) 941-2816 Ext. 2503.

Date Interviewed:

Interviewer:

Comments: