



VOLUNTEER APPLICATION

Privacy Statement: Personal information collected from you in order to commence volunteering with CNH, will be protected in accordance with the privacy policies of our agency.

Personal Information *(please print)*

Name:	Date:
Address:	Postal Code:
Home Phone:	Business Phone:
Cell Phone:	Email:
Degree/Diploma/Highest Grade Level Completed:	

Emergency Contact

Name:	Relationship:
Telephone Number:	Telephone Number:

Current Employer/School

Name:	
Telephone Number:	Position/Grade:
Type of Work/School Program:	

How did you hear about volunteering at CNH?
What do you hope to gain from your volunteer work with CNH?

Hobbies/Interests

Please describe any interests or hobbies that you enjoy:
Are you willing to use these skills in a volunteer position? YES <input type="checkbox"/> NO <input type="checkbox"/>

Areas of Volunteer Interest *(please check all that apply)*

Daycare <input type="checkbox"/>	Children (ages 5-12) <input type="checkbox"/>	Youth (ages 13-24) <input type="checkbox"/>	Tutoring <input type="checkbox"/>
Home Support <input type="checkbox"/>	Special Events <input type="checkbox"/>	Committee/Board <input type="checkbox"/>	Other <input type="checkbox"/>

Previous Work or Volunteer Experience *(especially if relevant to volunteering with CNH)*

Employer:	Dates:
Telephone Number:	Position:
Type of Work:	Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>
Employer:	Dates:
Telephone Number:	Position:
Type of Work:	Volunteer <input type="checkbox"/> Paid <input type="checkbox"/>

Times Available *(please check all available slots)*

Time	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"/>

Criminal Record *(a Police Reference Check is required for all volunteers that work with children & vulnerable adults)*

Have you been convicted of a criminal offence for which a pardon has not been granted? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give date of the offence:

References *(two, other than family members)*

Name:	Telephone Number:
Address:	
Name:	Telephone Number:
Address:	

In making this application I hereby give permission to Central Neighbourhood House to contact the persons named as references. I understand that I may be asked to sign a permission form for a Criminal Record Check.

I understand that once I am accepted as a volunteer I am agreeing to make a commitment of one year to the volunteer program to which I am assigned and to comply with CNH policies.

Signature of Applicant:	Date:
Signature of Parent:	Date:

(If under 18)

I understand that my parent(s) must provide consent for me to participate if I am under 18 years of age.