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Charitable Registration #: 89823 5759 RR0001

# Volunteer Application Form

**\*If completing electronically, use TAB to move to the next field**

SECTION A – VOLUNTEER INFORMATION			
Name			Application Date
Address			
City	Province		Postal Code
Email Address			
Phone Number			Other Contact Number
Current Place of Employment			
Emergency Contact			
Relationship			Emergency Contact Number
When is the best time to call you? (check all that apply)		When are you available to volunteer? (check all that apply)	
<b>Monday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Tuesday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Wednesday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Thursday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Friday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Monday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Tuesday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Wednesday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Thursday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Friday</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <b>Occasional Weekends</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Which Volunteer Position(s) are you most interested in?</b> (check all that apply)	<input type="checkbox"/> Admin Assistant <input type="checkbox"/> WCRC Assistant <input type="checkbox"/> IT Assistant	<input type="checkbox"/> Homework Club <input type="checkbox"/> Youth Mentor <input type="checkbox"/> Girl Talk	<input type="checkbox"/> Mom & Tots <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Donations Pick-Up <input type="checkbox"/> Recreation Coordinator <input type="checkbox"/> Toy Lending Library <input type="checkbox"/> Early Literacy / Mother Goose
Other: _____			

SECTION B – TELL US MORE ABOUT YOU
1) Why do you wish to volunteer? What do you hope to gain from this experience?
2) Education Completed

3) Specialized courses / Workshops / Training

4) Your Work Experience (attach resume and/or list dates and nature of work)

5) Previous Volunteer Experience

6) Hobbies and Interests

7) How did you learn about our volunteer opportunities?

8) What qualities do you have that would be helpful in your role as a volunteer?

9) Do you have any medical information and/or physical, mental, or psychiatric challenges you wish to be taken into consideration or that you feel may affect your ability to perform as a volunteer?

10) Any additional information you would like us to know

**SECTION C – REFERENCES (if possible, list one reference from a previous volunteer position)**

1) Name		Relationship	
Email		Phone Number	
2) Name		Relationship	
Email		Phone Number	
3) Name		Relationship	
Email		Phone Number	

**SECTION D – AUTHORIZATION**

I hereby certify all information in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate dismissal if the falsehood is discovered after the placement.

I hereby authorize Closer to Home Community Services to follow up on all information disclosed.

Signature of Applicant <i>(to be signed at interview)</i>		Date	
Signature of Volunteer Coordinator <i>(to be signed at interview)</i>		Date	