**VOLUNTEER APPLICATION**

**Please complete both sides**

## Contact Information

|  |  |
| --- | --- |
| **Name:**  | **Date of birth: (dd/mm)** |
| **Address**: (please include city and postal code) |
| **Home Phone:**  | **Cell Phone:**  | **Work Phone:**  |
| **E-Mail Address\*:**  | **Check 🗹 to receive e-newsletter?** [ ]  |
| **Preferred Contact:** Phone [ ] Email [ ]   |
| **Access to a vehicle:** Yes [ ]  No [ ]   |
| **Languages spoken:** English [ ] French [ ] Other [ ] :  |
| **Languages written:** English [ ] French[ ]  Other [ ] :  |

## Emergency Contact Information

|  |  |
| --- | --- |
| **Name:**  | **Relationship:**  |
| **Home Phone:**  | **Cell Phone:**  | **Work Phone:**  |

## Availability: During which hours are you available for volunteer assignments? Please check 🗹

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ]

## Interests: Please check 🗹 which areas you are interested in volunteering. Please note that not all opportunities are available at any given time.

|  |  |
| --- | --- |
| [ ] Leadership: [ ] Fundraising Committees [ ] Board of Directors | [ ] Special Events Day-of:  [ ]  Tag Day [ ] Coffee Break [ ]  Truck Pull [ ]  Walk for Mem. [ ]  Hockey Game |
| [ ] Marketing / Communications:  [ ] Writing & editing skills [ ] Graphic arts [ ] Social media | [ ] Financial Processing[ ] Preparing deposits[ ] Records reconciliation |
| [ ] Education/Awareness:  [ ] Public Education Ambassador [ ] Promotions/presentations  | [ ] Administrative Support [ ] Database management [ ] Research projects |
| [ ] Client Support [ ] Support Group Facilitator [ ] Friendly Visiting [ ] Client calling | [ ] Helping out but not sure what opportunity is right for me |
| [ ] Student Placement |
| [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## What skills and talents would you bring to your volunteer role(s)?

## What relevant experience would you bring to your volunteer role(s)?

## References: At least one reference should be related to paid employment or volunteer work.

|  |  |
| --- | --- |
| Name:  | Phone:  |
| Relationship:  |
| Name:  | Phone:  |
| Relationship:  |
| Name:  | Phone:  |
| Relationship:  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that the information provided on this application form is true and correct and that it may be used to determine my suitability for this position, including the contacting of references indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Applicant Signature*  *Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Parent/Guardian* Signature  *Date***

 *Please note: A parent/guardian must also sign for volunteers under 18 years of age*

Mail, fax or email form to:

 **Susan Simmons**, Volunteer/Friendly Visiting Coordinator

183 Simcoe Street, Peterborough, Ontario K9H 2H6

TEL: (705) 748-5131 • FAX: (705) 748-6174

ssimmons@alzheimerjourney.ca

Applicants will be contacted to discuss suitability and current opportunities.