



# Volunteer Application Form - Wiarton

576 Edwards Street, Wiarton Tel.: 519-534-0353

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: (d/m/y) \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**LENGTH OF COMMITMENT:**    One Time Event    Less than 6 months    More than 6 months

**REFERENCE 1:** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCE 2:** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EXPERIENCE:**

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational / Training Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have ?**    First Aid Certificate    CPR Training    Lifeguard Certificate    Food Handling Course

(Please provide certificates for any of the above training)

**COMMUNICATION:**    By telephone    By text    By email    Send me event promotions

How did you hear about our programs? \_\_\_\_\_

- SKILLS:**
- Work well with people
  - Office Procedures
  - Creative Ideas
  - Organization skills
  - Computer knowledge
  - Drive a vehicle
  - Handy Person
  - Other \_\_\_\_\_

- INTERESTS:**
- Childs Literacy
  - Christmas Hampers
  - Christmas Kettles
  - Food Bank
  - Food Sort
  - Kitchen
  - Office
  - One Time Events
  - Pioneer Club
  - Property
  - Seniors Lunch
  - Thrift Store
  - Trades Start
  - Youth Group

**AVAILABILITY:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**AGREEMENT: If accepted as a Salvation Army volunteer, I agree to the following:**

- To participate in designated training sessions when provided to help in my volunteer assignment.
- To fulfill the volunteer hours agreed upon.
- To maintain strict confidentiality.
- To wear required identification when on duty as required.
- To provide my time and service without remuneration.
- To adhere to the smoke free environment.
- To support the principles of The Salvation Army and the implementation of the mission of The Salvation Army while on duty as a volunteer.
- To give The Salvation Army permission to contact the above named references.
- To agree to police check if necessary.
- To show a driver's abstract if necessary.
- Sometimes the Wiaraton Salvation Army promotes it's programs through social media and other venues. I give permission for photographs of me to be used
- I give permission to the Wiaraton Salvation Army to add me to their **Volunteer Email List**. My personal information will not be shared with other parties and will be kept confidential.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_