|  |  |
| --- | --- |
|  | **VOLUNTEER APPLICATION FORM** |
|  |  |  |
|  | **Contact Information** |  |
|  | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  |  |
|  | Last Name: |  | Given Names: |  |
|  | Click or tap here to enter text. |  |  enter  | Click to enter  |
|  | Street Address: |  | Apt. # |  | City: |  |
|  | Choose an item. | L1L 1L1 |  | Click here to enter text. |  |
|  | Province: |  | Postal Code |  | Telephone: [ ] cell [ ]  home |  |
|  |  |  | Click here to enter text. |  |
|  | Emergency contact name: |  | Telephone: [ ] cell [ ]  home |  |
|  | Click or tap here to enter text. |  | Click here to enter text. |
|  | Emergency Contact Telephone: |  | Email address |  |
|  | Click or tap here to enter text. |  |
|  |  |  |
|  | Area of interest: |  |
|  | [ ]  Interlink Choir | [ ] Special Events: Click to enter text. |
|  | [ ] Fund-raising  |  |
|  | [ ] Clerical Support | [ ] Other: Click to enter text. |
|  | [ ] LEAP |  |
|  |  |  |
|  Availability: (please describe)Click or tap here to enter text. |
|  |  |  |
| **Please indicate if you have been trained in any of the following areas:** |
|  | Non-Violent Crisis Intervention  |  |  [ ] YES [ ]  NO | Date: Click to enter a date. |
|  | First Aid / CPR  |  |  [ ] YES [ ]  NO | Date: Click to enter a date. |
|  | Safe Food Handling |  |  [ ] YES [ ]  NO | Date: Click to enter a date. |
|  | Suicide Intervention ( e.g. ASIST, SafeTalk) |  |  [ ] YES [ ]  NO | Date: Click to enter a date. |
|  | Additional training, please list Click or tap here to enter text. |  |  | Date: Click to enter a date. |
|  |  |  |  |  |

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| --- |
| **Knowledge, Skills and Interests**  |
|  |
| Please describe any previous or related volunteer/work experience: (organization, length of time, duties)Click or tap here to enter text. |
|  |  |  |  |  |
| Please list any skills and assets you will bring to the C.M.H.A. H.K.P.R.Click or tap here to enter text. |
|  |  |  |  |  |
| List any special interests that the C.M.H.A. H.K.P.R. can incorporate to make your volunteer experience with us more rewardingClick or tap here to enter text. |
|  |  |  |  |  |
| **REFERENCES** |  |
|  |  |  |  |  |
| [ ]  I have a police/vulnerable sector check less than 3 months old **OR**[ ]  I am willing to obtain a police/vulnerable sector check prior to volunteering  |
|  |
|  | Please include phone numbers and email addresses |  |
| **Name** | **Relationship** | **Phone number** | **Email Address** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
|  |  |  |  |
|  |  |  |  |
| I agree and understand that necessary reference inquiries will be made prior to volunteer acceptance and placement |
|  |  |  |  |
| Click to enter text. |  | Click to enter a date. |
|  | **Name** (print) |  |  | **Signature** |  | **Date** |  |
|  |  | (if hard copy) |  |
|  |  |  |

[ ]  check here if resume or other supporting documents are attached

C.M.H.A. H.K.P.R. welcomes and encourages applications from people with disabilities. Accommodations are available on request for candidates taking part in all aspects of the selection process.