

## **VOLUNTEER INFORMATION FORM**

### **Personal Information:**

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Mailing Address (including postal code): \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Are you 13 years of age or older? \_\_\_\_\_

### **Volunteer Information:**

I am interested in volunteering in the following area(s):

- Resource & Toy Library Volunteer
- Administrative Volunteer
- Children's Activities Volunteer
- Drop-In Volunteer
- Maintenance Volunteer
- Community Corner Volunteer/Presenter
- (Other) \_\_\_\_\_

I am able to participate: (please circle)

Mon Tues Wed Thurs Fri Sat **a.m. (9am-12pm)**

Mon Tues Wed Thurs Fri Sat **p.m. (1pm-4pm)**

Evenings (where applicable) \_\_\_\_\_

Occasional \_\_\_\_\_

Location Preference: \_\_\_\_\_

How did you hear about the Ontario Early Years Centre-Leeds and Grenville?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Specific Information**

Educational Background: (please list your qualifications in relation to the position you are applying for) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Position (please state the school you are attending, if you are student):

\_\_\_\_\_

Previous Volunteer/work experience that is relevant to this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have skills/experiences in the following: (please check and provide a brief explanation)

Working with children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information:**

Please provide at least two references of persons who are not related to you. From this list of people please choose two to complete the "Reference Interview Questions" form.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Association: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Association: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Association: \_\_\_\_\_

I submit this application for consideration for a volunteer position with the Ontario Early Years Centre-Leeds and Grenville. I understand that I may not be selected for an interview. If I am selected for an interview this does not necessarily mean I will be accepted. A successful reference check and a successful criminal reference check will form part of my acceptance as a volunteer with this agency.

In signing this form, I give the Ontario Early Years of Leeds and Grenville my permission to contact the above mentioned references with regards to my application for a volunteer position.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian** (to sign as applicable; consent form must also be completed):  
\_\_\_\_\_ **Date:** \_\_\_\_\_

*This agency thanks you for your time and interest in our work. We will follow up, within a reasonable time, after receiving all the necessary information.*

**Office Use Only**

Date package received: \_\_\_\_\_

The following has been provided:

- Criminal Reference Check & Copy of Identification
- Oath of Confidentiality (discussed and signed)
- Behaviour Management Policy (discussed and signed)
- Volunteer Contract (discussed and signed)