

## Volunteer Application Form

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

### Volunteering Availability: (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

### Areas of Interest: (Please check all that apply)

<input type="checkbox"/>	Early Years, Children & Youth	<input type="checkbox"/>	Food & Hunger Programs
<input type="checkbox"/>	Seniors	<input type="checkbox"/>	Clerical & Reception
<input type="checkbox"/>	Women's Issues	<input type="checkbox"/>	Writing & Editing
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Community Outreach
<input type="checkbox"/>	Event Planning & Support	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Other (please list):	<input type="checkbox"/>	Board of Directors

### 1. How did you hear about Stonegate Community Health Centre? (please check all that apply)

<input type="checkbox"/>	I'm a client/program participant	<input type="checkbox"/>	Other Community Agency
<input type="checkbox"/>	Friend, neighbour or family member	<input type="checkbox"/>	Stonegate CHC Website
<input type="checkbox"/>	Another Stonegate CHC Volunteer	<input type="checkbox"/>	Stonegate CHC Bulletin Boards
<input type="checkbox"/>	Stonegate CHC Staff	<input type="checkbox"/>	Stonegate CHC Newsletters
<input type="checkbox"/>	Local School Staff/Guidance office	<input type="checkbox"/>	Poster in Community
<input type="checkbox"/>	Other: (please list)		

**2. Why do you want to volunteer at Stonegate Community Health Centre? (please check)**

<input type="checkbox"/>	Personal growth & fulfillment	<input type="checkbox"/>	Learn new skills
<input type="checkbox"/>	Give something back to my community	<input type="checkbox"/>	Gain Canadian experience
<input type="checkbox"/>	Need hours for high school	<input type="checkbox"/>	My friends & family volunteer
<input type="checkbox"/>	Need hours for social services benefits	<input type="checkbox"/>	To help make a difference
<input type="checkbox"/>	Other: (please list)		

**3. Please list any relevant experience (e.g. volunteering, employment, training, etc.)**

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**4. Please provide the names and telephone numbers of 3 references we can contact:**

Reference 1:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Reference 3:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

<p><b>Office Use Only:</b> Date Received: _____ Volunteer Position Granted: _____ Stat Date: _____</p>
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**Reviewed: October 2009**  
**Next Review: January 2012**  
**Reviewed by: Volunteer Coordinator/Manager, Health Promotion,**  
**Approved by: Executive Director (pending)**