



Volunteer Application Form

Office Use Only

Staff	
Info Pkg	
Police Check	
References	
Interview	
Job Descript.	
Handbook	
Orientation	
Availability	
File Complete	
Follow Up	

Volunteer Identification

Name: _____

Address: _____ Apt #: _____

City: _____ Postal Code: _____

Phone: (home) _____ (bus) _____
(cell) _____ (e-mail) _____

Employment/Training/Skills

Place of employment: _____ Position: _____

If retired, previous occupation: _____

Do you have any other skills or resources that might benefit your work at Stratford Meals on Wheels & Neighbourly Services? _____

Do you speak any languages other than English? _____

Have you ever volunteered before: Yes _____ No _____

If yes, please describe where and when. _____

Personal Information

What are your hobbies and interests? _____

Why do you want to volunteer for Stratford Meals on Wheels & Neighbourly Services?

How did you hear about our agency? _____

References: Please provide two references (i.e. previous agency where you volunteered, employer or associate. Please do not use relatives).

Name: _____ **Relationship:** _____

Address: _____ **City/Town:** _____

Postal Code: _____ **Phone: (home)** _____ **(bus)** _____

.....
Name: _____ **Relationship:** _____

Address: _____ **City/Town:** _____

Postal Code: _____ **Phone: (home)** _____ **(bus)** _____

Choices Of Volunteer Positions (please refer to Volunteer Opportunities Brochure)

First Choice: _____ **Second Choice:** _____

Third Choice: _____

Authorization for Collection of Personal Information

I, _____, authorize Stratford Meals on Wheels & Neighbourly Services to collect personal information appropriate to the position applied for concerning my employment history as well as any volunteer experience, and to verify the character references I have supplied. I understand that the information obtained will be confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep Stratford Meals on Wheels & Neighbourly Services informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer assignment.

Volunteer Statement of Confidentiality

I, _____, agree to hold as confidential and will not disclose or release to any person or agency at any time, except where required by law, any information or document that tends to identify anyone receiving services from Stratford Meals on Wheels & Neighbourly Services without the written consent of the individual or their guardian prior to the release or disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer position.

Applicant's signature

Date