



VOLUNTEER APPLICATION FORM

GENERAL INFORMATION		
Mr. __ Mrs. __ Ms. __ Miss __	Today's date:	
Name: Last	First	
Address:	Apt./Unit#	
City:	Postal Code:	
Email address:		
Home Ph #	Business Ph #	Cell #
Other Languages Spoken Fluently		

EMERGENCY NOTIFICATION		
In an emergency, who can we call? Name:		Relationship:
Home Ph #	Business Ph #	Cell #

HEALTH AND SAFETY	
Are you in good health? Yes__ No__ If no, please explain:	
Any physical limitations to your activities?	

WORK AND EDUCATION HISTORY	
Are you currently a student? Yes__ No__ Full time__ Part time__	
Diploma/Degree?	Specialization:
Your level of education currently completed:	
High School__ [__ yrs] College__ [__ yrs] University__ [__ yrs] Other_____	
Are you currently employed? Yes__ No__ Full time__ Part time__ Retired__	
If yes, where?	Phone #
Job Title:	
Work Experiences:	

REFERENCES

Name:

Position:

Phone #:

Name:

Position:

Phone #:

VOLUNTEER EXPERIENCE

If you have volunteered before, please complete:

Name of Organization or Agency:

Type of Volunteer Activity:

Other Community Involvement:

Have you had previous experience working with children? Yes__ No__

WHAT ARE YOUR REASONS FOR VOLUNTEERING?

Put spare time to use__

Interest in community activity__

To establish work record__

Experience for career__

Desire to help others__

Contact with Autism__

SHARE WITH US SOMETHING ABOUT YOURSELF

Experience with children, interests, hobbies, etc.

AREAS OF INTEREST – WHAT TYPE OF WORK WOULD YOU ENJOY MOST

Recreation programs__	Fundraising__	Library__
Office Projects__	Newsletter__	

TIME AVAILABILITY

	MON	TUE	WED	THURS	FRI	SAT	SUN
AM 9 - 12							
PM 1 - 4							
PM 4 - 7							
EVE 7 - 9							

PLEASE ENTER YOUR NAME AND DATE

By submitting this application I hereby affirm that:

- all information is true and accurate;
- I will respect the confidentiality of information regarding the children I work with;
- I consent to a Police Reference Check and affirm that there are no criminal charges on that form; and,
- I give Autism Services permission to check references prior to placement.

Signed: _____
[your full name]

Date: _____ / _____

Subject to our placement opportunities and your suitability, you will be contacted regarding an on-site interview.
 All volunteers are required to submit a Police reference Check.

FOR OFFICE USE ONLY

	Date	Initials
Application received	/	
Interview	/	
Reference checked	/	
Police Check	/	
Orientation	/	