



Phone Number: 905-692-3464  
Fax Number: 905-692-9406  
[www.glanbrookcommunityservices.ca](http://www.glanbrookcommunityservices.ca)  
Charitable #: 14112 8025 RR0001

**VOLUNTEER APPLICATION FORM**

**(PLEASE PRINT)**

**Personal Information**

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

1. Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

2. Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

**Other Information:**

How did you learn about Glanbrook Community Services? \_\_\_\_\_

Please list any medical or physical conditions that the Volunteer Services Department should be aware of for your safety?

(For example: epilepsy, heart problems, asthma, diabetes, etc.) \_\_\_\_\_

Do you have any medical or physical conditions that may limit your ability to perform certain kinds of task?

(For example: bad back (lifting), bad knees (going up stairs), allergies, etc.) \_\_\_\_\_

**Skills and Experience:**

List previous/current Volunteer Activities

\_\_\_\_\_

List hobbies/interests

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List special skills or training

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**Volunteer Preference:**

**Indicate your preferred positions, location and days for volunteering with a  $\checkmark$  in the box. Check off as many as you like. Specify what time you prefer (morning/afternoon) or any restrictions**\_\_\_\_\_

Monday     Tuesday     Wednesday     Thursday     Friday     any day

once a week     once a month     spare

**Positions:**

Hot Meal Delivery

Hot meals delivered to client's homes Monday – Friday, except Statutory Holidays. Mileage reimbursement provided.

Frozen Meal Delivery

Frozen meals delivered to clients' homes Thursday or Friday mornings. Mileage reimbursement provided.

Volunteer Assisted Transportation

Driving clients to and from medical appointment, grocery shopping, errands, etc. Transportation of walkers may be required. Mileage reimbursement provided.

Hosts

Assisting with monthly clinics etc. example Foot Care Clinic.

Diner's Club Driver

Driving clients monthly to lunch social or education activation event. Lunch and mileage provided.

Office Assistants

Assisting staff in various office tasks such as answering phones, photocopying, newsletter/mail distribution.

General Volunteer Helpers

Various duties as required: event setup and take down, event hosts, greeters, tickets sales, raffle sales, fundraising activities, food preparation and baking.

Volunteer Committee Members

Volunteer assist in the organizing of various fundraising events and public relations.

Board of Directors

Directors meet monthly and are responsible to oversee the overall governance of the agency. Director & Officer insurance is included.

**References:** Please the names of three individuals not related to you, known for more than two years.

1) \_\_\_\_\_ Phone \_\_\_\_\_ email. \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_ email. \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_ email. \_\_\_\_\_

**Upon receiving your application to be a volunteer we will initiate an interview with the Volunteer Coordinator. At that time, you will be required to sign a confidentiality declaration and photo consent. Our primary concern is the safety and security of our Clients, Volunteers and Staff. A Police Clearance is required in order to be considered as a volunteer. You will be given the required forms for completion.**

**If you are interested in a driver position, information will be obtained such as Driver’s License number, and insurance policy information (please note drivers are required to have a minimum of \$1,000,000.00 liability coverage)**

**Declaration:**

I hereby certify that the above information is true and complete to the best of my knowledge. I authorize Glanbrook Community Services to contact the above named references. I understand that any information I provide will be kept confidential and will not be released to any other organizations or persons without my consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your application. Please mail or fax your completed application to  
Glanbrook Community Services  
4280 Binbrook Rd. Unit 2, Binbrook, On L0R 1C0  
Phone: 905-692-3464 email: [karen@glanbrookcommunityservices.ca](mailto:karen@glanbrookcommunityservices.ca) fax: 905-692-9406

<b>INTERNAL USE ONLY</b>	
Confidentiality/Photo Consent _____	Reference Checked _____
Interview _____	Orientation/Training _____
Police Clearance _____	ID Badge _____
Photo _____	

