



# VOLUNTEER APPLICATION FORM

Date of Application: \_\_\_\_\_

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Covid Vaccination: Yes \_\_\_\_ No \_\_\_\_  
(day) (month) (year)

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Texting: YES or NO

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

1. Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cellphone#: \_\_\_\_\_

2. Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

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

## Volunteer preference:

Indicate your preferred days, positions and location for volunteering with a ✓ in a box. Check off as many as you like. (Specify any restrictions on page 2).

Morning  Afternoon  Monday  Tuesday  Wednesday  Thursday  Friday

once/week  once/month  spare  as per schedule

seasonal (Christmas/Easter events)  Summer (May-Oct)  Winter (Nov-Apr)

Restrictions: \_\_\_\_\_

## Positions:

(MOW) Hot Meal Delivery

(MOW) Frozen Meal Delivery

Volunteer Assisted Transportation

Diner's Club Driver (Congregate dining)

Office Assistants

General Volunteer Helper

Volunteer Committee Members

Board of Directors (Governance board)

**SKILLS AND EXPERIENCE:**

List previous/current Volunteer Activities

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List special skills or training

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List hobbies and/or interests

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List anything else you would like us to know

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**Personal References:**

Ideally, someone you have worked/volunteered with and someone who has known you for two years or more. Only one reference may be from a family relation. **(PLEASE PRINT)**

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell/Work:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell/Work:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell/Work:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

I hereby declare the information is true and complete to the best of my knowledge and that by signing this form I give Glanbrook Community Services permission to contact my references.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(day/month/year)

**Signature of Witness/Staff:** \_\_\_\_\_

**Thank you for your application**

**Please scan/email to the address below**  
[info@glanbrookcommunityservices.ca](mailto:info@glanbrookcommunityservices.ca)

**or**

**Please mail to:**  
Glanbrook Community Services  
4280 Binbrook Road  
Binbrook, ON L0R 1C0