



VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

Full Name:		
Address:		City:
Postal Code:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Current Employer:		Position:
Birthday (YYYY/MM/DD):		

VOLUNTEER INTERESTS

Please indicate which area(s) you are most interested in:

Fundraising & Communications:

- Event planning and execution
- Social media content creation
- Video production

Board Member:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Management | <input type="checkbox"/> Other |

On-site (shelter, Second Stage, OUR Place):

- | | |
|---|---|
| <input type="checkbox"/> Administration Support | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Child Care/Activities | <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Donation Organization | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Exercise Instructor |
| <input type="checkbox"/> Breakfast Program | <input type="checkbox"/> Other |

EDUCATION

Education Level:

- High School Trade School College University Other:

If you are currently a student, what school do you attend?		
Program:	Year of Study:	Anticipated Graduation Date:



GENERAL INFORMATION

How did you hear about The Women's Centre?

- | | |
|--|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Website |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Google search | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Community Partner | <input type="checkbox"/> Other _____ |

In which languages are you fluent?

Oral _____ Written _____

Please list any clubs, affiliations or organizations of which you are a member.

Please list your hobbies and interests.

Do you have a driver's licence?

- Yes No

Do you have access to a reliable vehicle?

- Yes No

REFERENCES

Please provide contact information for three references. They can be character, employment, or volunteer references.

1. Reference		
Name:	City of Residence:	
Home Phone:	Business Phone:	Ext:
Cell Phone:	Email Address:	
Years known:	In what capacity?	



2. Reference		
Name:	City of Residence:	
Home Phone:	Business Phone:	Ext:
Cell Phone:	Email Address:	
Years known:	In what capacity?	

3. Reference		
Name:	City of Residence:	
Home Phone:	Business Phone:	Ext:
Cell Phone:	Email Address:	
Years known:	In what capacity?	

The information in this application is true to the best of my knowledge. I hereby waive the right to request disclosure of the personal information given about me by the individuals indicated above.

Signature: _____ Today's Date: _____

Please Note: All volunteers are required to complete a Vulnerable Sector Check depending on volunteer duties.

To request this information in an alternative format, please contact info@thewomenscentre.org.