

L'Arche Stratford Volunteer Application Form

Personal Information

Name: _____

Address: _____

Apt # _____ Street _____

City _____ Prov _____ Postal Code _____

Home Phone: _____

Work Phone: _____

Email: _____

Fax: _____

Date of Birth: _____

Person to Contact in An Emergency: _____ Phone: _____

Why are you interested in volunteering?

- Personal Interest
- Community Service Hours
- School co-op
- Other: _____

Experience and Education

What is your educational/training background?

- High School
- University/College
- Other (please specify): _____

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Other Information

Do you prefer to work (check all that apply)

- Directly with people with developmental disabilities
- Special events
- Maintenance
- No preference
- Other

Hobbies/interests:

Skills you would like to use while volunteering

Do you have any special needs or restrictions we should be aware of:

Date you can begin service:

Availability (please check the days/time you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Criminal History

All volunteer positions require a Criminal Reference Check including a Vulnerable Sector Search. Conviction will not necessarily disqualify you from participating. Have you had a Criminal Reference Check with a Vulnerable Sector Search completed within the last 6 months?

- Yes
- No

Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?

References

L'Arche Stratford seeks to protect participants, volunteers, employees, and the community through appropriate screening measures. Please provide the names of two references that we may contact (preferably individuals from organizations where you have volunteered or worked)

1. Name: _____ Email: _____
Relationship: _____ Phone: _____

2. Name: _____ Email: _____
Relationship: _____ Phone: _____

Authorization and Agreement by Applicant

I hereby declare that the foregoing information is true and complete to my knowledge and I authorize L'Arche Stratford to follow up on any information disclosed and to check references:

- Yes
- No

Please return this form to the Assistants' Coordinator; you will be contacted for an interview if a suitable match for a volunteer opportunity in our community becomes available.

Signature of Applicant

Date