|  |
| --- |
| SECC VOLUNTEER APPLICATION FORM |
| Name |       | Preferred Name |       |
|  |  |
| Address |       |
|  |  |  |  |  |  |
| Town |       | Postal Code |       | Phone # |       |
|  |
| Email Address |       | Preferred Contact | [ ]  Phone | [ ]  Email |
|  |  |
| Birthday (Month & Day only): |       |
|  |  |
| Best time to contact you: | [ ]  Anytime | [ ]  8:30 am - noon | [ ]  1:00 pm – 4:30 pm | [ ]  After 5:00 pm |
|  |  |  |  |
| Emergency Contact |       | Phone # |       |
|  |  |  |  |  |  |  |  |
| Languages | English: | [ ]  Spoken | [ ]  Written |  | French: | [ ] Spoken | [ ]  Written |
|  | Other: |       | [ ]  Spoken | [ ]  Written |
|  |  |  |
| Highest Education: | [ ]  Elementary School | [ ]  Secondary School | [ ]  Some Post-Secondary |
|  | [ ]  College Diploma | [ ]  University Degree | [ ]  Other: |       |
|  |  |
| How did you hear about volunteering at SECC? |       |
|  |
| Areas of Volunteer Interest: (please check all areas you are interested in volunteering with) |
| [ ]  Childminding (weekdays) | [ ]  Income Tax Clinic (Mar-Apr) | [ ]  Security Check Caller (from home) |
| [ ]  Adult Day Program | [ ]  Board of Directors | [ ]  Computer Room Attendant |
| [ ]  Translator/Interpreter | [ ]  Clerical/Reception | [ ]  Language/Literacy Tutor |
| [ ]  Friendly Visitor | [ ]  Coats for Kids (Oct-Nov) | [ ]  Meals on Wheels Delivery |
| [ ]  Special Events Helper | [ ]  SPARK – Youth Program Asst. | [ ]  Mentor to Newcomer to Canada |
|  |  |  |
| Other skills, experience and special interests: |       |
|  |
|  |
| Availability: |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |  |
| Mode of Transportation: |
| [ ]  Access to vehicle | Type of license: | [ ]  G1 | [ ]  G2 | [ ]  G | [ ] Access to public transit | [ ] No access to transit or vehicle |
| Work and Volunteer Experience |
| 1. Company/Organization Name:
 |       | [ ] Employed | [ ] Volunteered |
| Title: |       | Employed/Volunteered from: |       | to |       |
|  |   |  |  |
| 1. Company/Organization Name:
 |       | [ ] Employed | [ ] Volunteered |
| Title: |       | Employed/Volunteered from: |       | to |       |

References

South Essex Community Council 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. The reference must be available at a local number or email address, and not a family member).

|  |  |
| --- | --- |
| 1. Name:
 |       |
|  |  |  |  |
| Company/Organization: |       | Relationship: |       |
|  |  |  |  |
| Name the organization knows you by: |       |
|  |  |  |  |
| Email Address: |       | Daytime Phone # |       |
|  |  |
| 1. Name:
 |       |
|  |  |  |  |
| Company/Organization: |       | Relationship: |       |
|  |  |  |  |
| Email Address: |       | Daytime Phone # |       |
|  |  |
| Name the organization knows you by: |       |
|  |  |  |
| Are you willing to undergo a free Police Records Check if required: | [ ]  Yes | [ ]  No |

Declaration

|  |
| --- |
| I hereby declare that the above information is true and complete to the best of my knowledge and I authorize South Essex Community Council to follow up on any information disclosed and to check references:  |
| [ ]  Yes | [ ]  No |
| Signature |  |  Date: |       |

Please return completed form to Volunteer Services at South Essex Community Council, who will contact you to follow up on your application or schedule an interview. If you email this form back, it can be signed at that time. If you have questions please call 519-326-8629 Ext. 381 or email volunteer@secc.on.ca.