



"People live in dignity and share in all aspects of living in their community."

P.O. Box 527, 267 Suncoast Drive East
Goderich, Ontario N7A 4C7

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E-mail: clch@clch.ca • www.clch.ca

"Direct" Volunteer Application Form

Personal Data:

Name: _____
(First) (Last)

Address: _____

Phone Number(s) _____
(Home) (Cell) (Work)

The best time to contact me is _____, at my home # _____ and/or my work # _____

Email address: _____

Previous Employment and/or Volunteer Experience:

1. Please provide the Employer's name, address, phone number:

Dates Employed/Volunteered: _____
Duties/Responsibilities: _____

2. Please provide the Employer's name, address, phone number:

Dates Employed/Volunteered: _____
Duties/Responsibilities: _____

References:

Please list 3 references, work or personal, that we may contact:

1. Individual's Name: _____ Phone #: (h) (w) (c) _____
Relationship (ie. employer, co-worker, friend) _____

2. Individual's Name: _____ Phone #: (h) (w) (c) _____
Relationship (ie. employer, co-worker, friend) _____

3. Individual's Name: _____ Phone #: (h) (w) (c) _____
Relationship (ie. employer, co-worker, friend) _____

I prefer to volunteer in the a.m. _____, p.m. _____, weekdays _____, weekends _____ and in the

Goderich area _____ and/or Clinton area _____.

Date available to start: _____.

Frequency/Availability: _____.

To assist us in matching you to a volunteer opportunity that is suitable, rewarding and fulfilling to you and which will enrich the life of an individual receiving support, we are interested in your skills, hobbies and special abilities you may have.

Have you ever worked or assisted anyone who:

is Physically Disabled	_____	Has an Intellectual Disability	_____
is Medically Fragile	_____	Uses a Wheelchair	_____
Uses alternate communicate styles:		Sign Language	_____
		Facilitated communication	_____
		Bliss, Sign Board or Sound Board	_____

Other: _____

Activities/Sports/Hobbies:

Please put a mark beside the activities that are of interest to you, either as a spectator (S) or participant (P).

Baseball	_____	Billiards	_____	Bowling	_____	Theatre	_____
Darts	_____	Hockey	_____	Golf	_____	Curling	_____
Walking	_____	Bicycling	_____	Soccer	_____	Bingo	_____
Dancing	_____	Swimming	_____	Aerobics	_____	Singing	_____
Woodworking	_____	Cooking	_____	Church	_____	Clubs	_____
Going to the Library	_____			Weight Training	_____		
Horse-back Riding	_____			Listen to Music	_____		
Going out for Coffee	_____						
Going to the Movies	_____						
Doing Crafts (specify)	_____						
Playing cards or board games	_____						
Play a Musical Instrument	_____						
Other:	_____						

Other:

What are your personal reasons for volunteering? _____

Do you possess any licences, certificates, degrees? (Please describe) _____

Is there anything else you would like to add? (skills, interests, hobbies or special abilities)? _____

You will be required to obtain a Vulnerable Sector Check before you begin your assignment and should you use your own vehicle, you must provide proof of Third Party Liability Insurance, minimum of one million dollars and your driver's licence number.

I certify that to the best of my knowledge, the information given on this application is correct and complete.

Signature of Applicant

Date

Thank you for completing this application form. We appreciate your interest in our Agency, and making a difference in people's lives.

"Community Living-Central Huron is committed to assisting and supporting people to achieve their goals, vision, dreams and to participate in the community through the promotion of social inclusion."