



# Volunteer Application

**Complete this form and deliver, mail or fax back Fax 652-3791 // Phone 658-1555**

Office: 66 Waterloo St. Suite 115, open 10am-3pm Monday to Friday – or by appointment

Mailing: PO Box 7091 Station A, Saint John N.B. E2L-4S5

<b>Application Date</b>					
Name	Family Name: <span style="float: right;">Given name:</span>				
	<b>Include preferred nick name or help with pronunciation</b>				
Street Address					
City, Prov., Postal Code					
Home Phone	<b>Can we leave a message?</b>				
Cell or Work Phone					
E-Mail Address					
Languages Spoken					
If applicable, check Current Status of Citizenship <i>NOTE: You may require a work permit to volunteer</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Applicant for citizenship</td> <td style="width: 33%;">Permanent Resident</td> </tr> <tr> <td>Foreign Student</td> <td>Other</td> </tr> </table>	Applicant for citizenship	Permanent Resident	Foreign Student	Other
Applicant for citizenship	Permanent Resident				
Foreign Student	Other				
Circle Age Range	14-18 / 19-25 / 26-35 / 36-45 / 45-54 / 55 and over				
Circle your gender	Male      Female				

## AVAILABILITY (Check all that apply)

When are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

## GENERAL INTERESTS (Check all that apply)

Tell us in which areas you are interested in volunteering.

- |   |   |
|---|---|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Theatre Arts                                     |
| <input type="checkbox"/> Office/ receptionist/phone work            | <input type="checkbox"/> Tutoring – one on one                            |
| <input type="checkbox"/> Special Events                             | <input type="checkbox"/> Health   |
| <input type="checkbox"/> Fundraising                                | <input type="checkbox"/> Recreation/ Sports                               |
| <input type="checkbox"/> Boards/ Committees                         | <input type="checkbox"/> Training/ facilitating/ Public Speaking - groups |
| <input type="checkbox"/> Physical work / moving/ building /painting | <input type="checkbox"/> Seniors  |
| <input type="checkbox"/> Transportation of people                   | <input type="checkbox"/> Children   |
| <input type="checkbox"/> Social Support / visiting /one on one      | <input type="checkbox"/> Disabled   |
| <input type="checkbox"/> Computers/ data-entry                      | <input type="checkbox"/> Terminally Ill                                   |
| <input type="checkbox"/> Support Groups                             | <input type="checkbox"/> Specify/ Other _____                             |

## PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience. Agency and job title. Time frame.

## SPECIAL SKILLS OR QUALIFICATIONS

### Add any information which may be helpful in finding you a suitable volunteer position!

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Current Employment – Place and job title

Summarize any limitations you may have or accommodations required.( ie. Lifting, sitting a long time, wheelchair access, learning English, etc)

Current Educational Background, last educational institute attended and date completed

## TWO REFERENCES (\*) items required (Get approval first from reference. Can be an Employer, Teacher, Clergy, Landlord, Friend, fellow student who knows you best!)

*Name	
Address & Postal Code	
*Nature of Relationship	
*Phone	
E-Mail Address	
*Name	
Address & Postal Code	
*Nature of Relationship	
*Phone	
E-Mail Address	

## DATABASE

Yes, I would like to be called about volunteering at various events all year long.

## VOLUNTEER OPPORTUNITIES CHOSEN – Pick three from list provided


## AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give permission to the Saint John Volunteer Centre to share this information with agencies.

Name (printed)	Signature
Date	

## OUR POLICY

It is the policy of Saint John Volunteer Center to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

**Add any information which may be helpful in finding you a suitable volunteer position!**  
**CHECK THAT YOU HAVE COMPLETED ALL PARTS AND THAT YOUR PRINTING CAN BE DECIPHERED.**