



Volunteer Application Form

Application Date: _____ (MM/DD/YY)

CONTACT INFORMATION

Mr. Mrs. Miss Ms. Student Adult

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (MM/DD/YY): _____ Telephone (C): _____ Telephone (H): _____

Email Address: _____

*Note: Applicants under the age of 18 must have their parent/guardian complete the attached Parental Consent Form.
All applicants being considered for a volunteer opportunity must complete a Vulnerable Sector Police Check.*

BACKGROUND INFORMATION

1. Please describe any previous volunteer experiences:

2. Please list any education, experience or training you have that may be related to the position you are applying for: (Please provide examples)

3. Is there anything that you foresee that may prevent you from fulfilling your commitment as a volunteer? (I.e. an upcoming trip)

AVAILABILITY TO VOLUNTEER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please select volunteer areas that interest you:

Union Villa Long Term Care

- Recreational & Social Programs
- Special Events
- Administration/Customer Service
- Hair Salon Assistant
- Garden Assistant
- Portering
- Spiritual Care Assistant
- Friendly Visits
- Board of Directors/Policy/Committee Volunteer
- Other (specify): _____

UHS Campus & Independent Living

- Adult Day Program
- UCCS Recreational Programs
- UCCS Special Events
- Foundation Events
- Administration

Please select which skills and experiences apply to you:

- Eldercare & Seniors Programming
- Nursing/Social Services
- Communications
- Photography
- Graphic Design/Website
- Computer Skills (Specify): _____
- Special Training (Specify): _____
- Musical Talents (Specify): _____
- Languages (Specify): _____
- Other (Specify): _____

EMERGENCY CONTACT:

Mr. Mrs. Miss Ms.

First Name: _____

Last Name: _____

Relationship to Applicant: _____

Phone Number (Cell Phone): _____

Phone Number (Home): _____

Phone Number (Work): _____

REFERENCES:

Please list two references OR Provide two reference letters. (No Family Members)

I hereby authorize Unionville Home Society to contact the individuals listed below for the purpose of obtaining reference information. I have notified the individuals below that they will be contacted and have my permission to discuss information regarding my current and or previous employment.

Signature

Date

Reference Check #1

Reference Check #2

Name of Reference: _____

Name of Reference: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Relationship to Applicant: _____

Relationship to Applicant: _____

DECLARATION:

I certify that the information provided above is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

Signature

Date

Thank you for your interest in volunteering at the Unionville Home Society. We will respond to you by phone or e-mail.

Please return this application to:

Volunteer Coordinator
by email at volunteer@uhs.on.ca
4300 Highway 7
Unionville, Ontario L3R 1L8
Tel: (905) 477-2822 ext. 4261