

**APPLICANT INFORMATION**

*The purpose of this application form is to provide all the information we require to determine the best fit in placement for you as a volunteer.*

Name					
Street Address					
City		Province		Postal	
E-mail					
Phone Number	Home: (    )	Secondary: (    )		Work <input type="checkbox"/>	Cell <input type="checkbox"/>
Age Group	14 - 17 ** <input type="checkbox"/>		18 - 69 <input type="checkbox"/>	70+ <input type="checkbox"/>	

**PERSONAL INFORMATION**

Education					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, how many years completed?
Vocational Background					
Hobbies, Sports, Interests:					
Please list other skills, education, and training that may be relevant: i.e. second languages, health care worker, volunteer experience, etc.:					

<b>ABILITIES &amp; AVAILABILITY</b>	
Are you able to be physically active for up to two hours?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing to volunteer in the evenings and/or on weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have use of a vehicle? (with valid driver's license & insurance)	YES <input type="checkbox"/> NO <input type="checkbox"/>
How much time are you able to commit? (Example: One Saturday a month, two evenings per month, one-time event)	
Specify <b>best</b> days and times for availability:	

<b>TYPES OF VOLUNTEER OPPORTUNITIES (CHECK STATEMENTS THAT DESCRIBE YOUR INTERESTS)</b>	
I would enjoy a volunteer opportunity that is a group activity	YES <input type="checkbox"/>
I would enjoy a one-on-one volunteer opportunity	YES <input type="checkbox"/>
I would like a volunteer opportunity that is directly helping people	YES <input type="checkbox"/>
I relate well to people of age groups other than my own	YES <input type="checkbox"/>
I am comfortable around people with disabilities	YES <input type="checkbox"/>
I would enjoy a leisure activity such as conversing, watching TV, going to a movie, or watching a sports event with someone	YES <input type="checkbox"/>
I enjoy teaching others about a skill or hobby I am good at	YES <input type="checkbox"/>
I build or create things with my hands and am glad to share this talent with others.	YES <input type="checkbox"/>
I would enjoy helping someone with their shopping	YES <input type="checkbox"/>

<b>REFERENCES</b>
Using the attached forms, please provide us with two references who can speak to your suitability as a volunteer with us. References should include people who have known you for a minimum of two years.

<b>SUBMISSION DATE &amp; SIGNATURE</b>			
Signature		Date	
If under 18 years of age the following must be completed by parent/guardian. I/we being the parent(s)/guardian(s) hereby grant permission for our son/daughter to become a volunteer for the Community Living Thunder Bay.			
Signature		Date	

**Return completed application to:**

Volunteer Coordinator: 807-622-1099 ext: 2232 email: [rlalonde@cltb.ca](mailto:rlalonde@cltb.ca)  
 Mail: Volunteer Coordinator, Community Living Thunder Bay,  
 1501 Dease Street, Thunder Bay, ON P7C 5H3.

<b>REFERENCES</b>			
Name		Relationship	
Company		Position	
Address:			
Phone	( )	Email	
Cell	( )	Work	( )
Notes:			
Name		Relationship	
Company		Position	
Address:			
Phone	( )	Email	
Cell	( )	Work	( )
Notes:			
Name		Relationship	
Company		Position	
Address:			
Phone	( )	Email	
Cell	( )	Work	( )
Notes:			
Name		Relationship	
Company		Position	
Address:			
Phone	( )	Email	
Cell	( )	Work	( )
Notes:			
<b>DISCLAIMER AND CONSENT SIGNATURE</b>			
<p>Pursuant to Section 29(1) of The Freedom of Information and Protection and Privacy Act, I authorize Community Living Thunder Bay to contact the persons or organizations listed above for the purposes of obtaining validation of experience, qualifications, and employment references, including information contained in my personnel file(s). These persons are authorized to disclose such information.</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate dismissal.</p>			
Signature			
<p>If under 18 years of age the following must be completed by parent/guardian. I/we being the parent(s)/guardian(s) hereby grant permission for Community Living Thunder Bay to contact references for the purpose of our son/daughter to become a volunteer for Community Living Thunder Bay.</p>			
Signature		Date	

