



VOLUNTEER APPLICATION

FULL NAME

DATE

ADDRESS

POSTAL CODE

EMAIL (PRINT CLEARLY)

PHONE

ACTIVITY PREFERENCES

- | | |
|--|--|
| <input type="checkbox"/> Administrative support
<i>e.g. Proposal writing, financial management, bookkeeping</i> | <input type="checkbox"/> Special project support
<i>I prefer to work on the Literacy Project, Recording Project, Auto Mechanics Project, etc.</i> |
| <input type="checkbox"/> Special events planning
<i>e.g. Community dance, barbeques, beach day</i> | <input type="checkbox"/> Maintenance
<i>e.g. Cleaning, repairs, snow clearing, clothing bank</i> |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Drop-In support:
<i>Please check off your preference(s)</i> | <input type="checkbox"/> IT Support |
| <input type="checkbox"/> Preparing/serving meals and snacks | <input type="checkbox"/> Other skills you may wish to volunteer:
_____ |
| <input type="checkbox"/> Covering entire shift (socializing with clients, etc.) | |
| <input type="checkbox"/> Staff support | |

TRAINING

Have you had volunteer training for this kind of work? Yes No

If yes, where did you receive it? _____

What did the training consist of? What were you taught? _____

Are you willing to take ongoing volunteer training? Yes No

Do you have a valid driver's license? Yes No

Languages Spoken: _____

AVAILABILITY

How often are you available? _____

What days and times are you available? _____

QUALIFICATIONS

Education, Training, Certificates:

Previous Volunteer or Work Experience:

Why do you want to volunteer at Sunshine House?

REFERENCES

Please list 2-3 references with contact numbers:

Reference 1

Reference 2

Reference 3

NAME

NAME

NAME

POSITION

POSITION

POSITION

PHONE NUMBER

PHONE NUMBER

PHONE NUMBER

EMERGENCY CONTACTS

Please list 1-2 family members or friends who can be contacted on your behalf in an emergency:

Contact 1

Contact 2

NAME

NAME

RELATIONSHIP

RELATIONSHIP

PHONE NUMBER

PHONE NUMBER

OFFICE USE ONLY

NOTES:

INTERVIEWED BY: _____

DATE: _____

CONFIDENTIALITY POLICY SIGNED: Y / N

BEGAN VOLUNTEERING: _____
