

St. John's McNicoll Centre
葡萄園社區中心

Volunteer Application Form

Last Name		First Name		Gender		<input type="checkbox"/> Male			
						<input type="checkbox"/> Female			
Contact Phone #		Email		Birth Year (optional)					
Address				City					
Postal Code		Language(s)		Where did you hear about us?					
Emergency Contact		Last Name		First Name					
		Contact Phone #		Relationship					
<input type="checkbox"/> I have volunteering experience			Where and what position(s)?						
Availability		<input type="checkbox"/> Weekday		<input type="checkbox"/> Morning		<input type="checkbox"/> Afternoon		<input type="checkbox"/> Evening	
		<input type="checkbox"/> Weekend		# of hours available to volunteering					
Position Interested		<input type="checkbox"/> Convenor		<input type="checkbox"/> Event Helper		<input type="checkbox"/> Graphic Assistant		<input type="checkbox"/> Guest Speaker	
		<input type="checkbox"/> Office Assistant		<input type="checkbox"/> Program Assistant		<input type="checkbox"/> Program Instructor		<input type="checkbox"/> Receptionist	
		<input type="checkbox"/> Translator		<input type="checkbox"/> Other					
List your hobbies, skills, talents, and interests									
References		I give my permission to contact the individuals listed below.				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
1		Last Name		First Name					
		Contact Phone #		Relationship					
2		Last Name		First Name					
		Contact Phone #		Relationship					
Have you ever been convicted of a crime?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you allow us to photograph and/or video you during volunteering for use in SJMC promotional material?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<ul style="list-style-type: none"> I affirm that all information submitted by me on this application is true, complete, and correct to the best of my knowledge. I understand that if any false information or omissions are discovered, my application may be rejected and volunteer status may be terminated. I agree to adhere to the policies of St. John's McNicoll Centre, and to abide by the rules and regulations of the volunteer program. 									
Applicant's Signature				Date					

Thank you for your interest in serving as a volunteer!

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Office Use Only						
Application form received on			Interviewed Date			
Interviewed by					Result	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Reference check	<input type="checkbox"/> Done	<input type="checkbox"/> Not done	Notes:			
Placement	Position		Time		Start Date	
Orientation Date			Job Training Date			
Documents signed & returned by volunteer	<input type="checkbox"/> Application form <input type="checkbox"/> Acknowledgement of understanding form				Volunteer badge issued date	
Notes:						
3 month Review	Date		Remarks			
Annual Review	Date		Remarks			
Notes:						