

Volunteer Application

10 Delaware Avenue, P.O. Box 1003, Hamilton, ON L8N 3R1
Tel: 905.57. Angel (905.572.6435) Fax: 905.528.6967
Email: volunteer@goodshepherdcentres.ca
Web: www.goodshepherdcentres.ca



PLEASE PRINT, COMPLETE FORM AT YOUR OWN DISCRETION

DATE: _____

1. Name: _____

Address: _____ Apt _____ City _____ Postal Code _____

Phone #: Home: _____ Work: _____ Cell: _____

May we call you at work? Yes No If yes, what is best time: _____

Email: _____

OPTIONAL: To be completed upon acceptance into program

Emergency contact: _____ Relationship: _____

Phone number: _____ Doctor: _____ Phone Number: _____

2. Highest level of education you completed (optional): _____

Name of School: _____

3. Have you ever used the services or programs of Good Shepherd? Yes No

If so, where? _____ When? _____

4. What is your reason for wanting to volunteer? Select 1 or 2.

- | | | |
|---|---|--|
| <input type="checkbox"/> spare time | <input type="checkbox"/> explore career opportunities | <input type="checkbox"/> personal satisfaction |
| <input type="checkbox"/> work related | <input type="checkbox"/> develop skills | <input type="checkbox"/> desire to help others |
| <input type="checkbox"/> school requirement | <input type="checkbox"/> community involvement | <input type="checkbox"/> other _____ |

5. Why have you chosen to volunteer at Good Shepherd? _____

6. How did you learn about volunteering at Good Shepherd

- | | | | | |
|--------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> media | <input type="checkbox"/> volunteer centre | <input type="checkbox"/> poster | <input type="checkbox"/> friend | <input type="checkbox"/> church |
| <input type="checkbox"/> web site | <input type="checkbox"/> newsletter/ mailing | <input type="checkbox"/> special event | <input type="checkbox"/> another volunteer | |
| <input type="checkbox"/> other _____ | | | | |

7. Are you currently volunteering? Yes No Where? _____

How long? _____ Duties: _____

8. Previous Volunteer experience

Year started	Length of service	Organization	Position

9. Have you ever been employed by Good Shepherd. Yes___ No___ Program_____ Year _____

10. Are you currently employed? (optional) Yes No Student

If employed – Employer: _____ PT FT

Primary duties: _____

11. Languages spoken fluently other than English: _____

12. Hobbies or skills: _____

13. **Personal References**

Please provide and attach two REFERENCE LETTERS OR COMPLETED GOOD SHEPHERD REFERENCE FORMS.

(Please do not use relatives or Good Shepherd staff as references)

Please note: If you fail to provide two references, your application cannot be processed.

14. **General data:**

For what volunteer position are you applying? _____

What time commitment are you looking for? (please circle) 6-8 months, 1 year plus, other _____

Are you 13 - 15 years of age? Yes No

Are you 16 - 18 years of age? Yes No

Are you 19 - 20 years of age? Yes No

Are you 21 years of age and over? Yes No

When is your available Volunteer time?
Daytime Yes No

Evenings (after 6 p.m.) Yes No

Weekends (days, evenings) Yes No

Declaration of Accuracy of Information and release of Information authorization

TO WHOM IT MAY CONCERN:

I hereby, certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge. I understand that if placed, falsified statements on this Application Form may disqualify me from my volunteer involvement or become just cause for my dismissal and there shall not be any claims made against Good Shepherd or any further legal obligation placed on Good Shepherd as a result of having taken such action. This further authorizes Good Shepherd to make any inquiries usually required to determine my suitability for volunteer placement as well as to contact any references and/or others to release to Good Shepherd any information which will assist Good Shepherd to determine my suitability for volunteer placement. I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

Date: _____ Signature of applicant: _____

Signature of parent/guardian (if under 16) _____

Good Shepherd

Volunteer Permission and Release Form

I hereby authorize Good Shepherd to contact any or all of the references submitted for the purposes of processing my application to become a volunteer at one of the Good Shepherd Centres. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me. Good Shepherd reserves the right to request more references.

I further authorize the Police Department to release information to Good Shepherd in order to consider my application to volunteer in the programs of Good Shepherd, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Good Shepherd, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Good Shepherd.

I give permission to the Good Shepherd Volunteer Department to release pertinent information regarding my file to the Director or Program Coordinator/Supervisor of the program to which I am applying to in order to be considered for acceptance into the program.

I understand this application and subsequent information in my file is the property of Good Shepherd.

I understand the implications of this waiver and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name

Signature of Applicant

Date