



VINCENT PLACE INC.



222 Albert Street East ~ Sault Ste. Marie ON ~ P6A2J4 ~ T: (705) 253-2770 ~ F: (705) 253-2827

VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____
street city postal code

TELEPHONE: _____ BUS. TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ LANGUAGE SPOKEN: English French Other _____

<i>Service Area</i>	<i>Currently a Volunteer</i>	<i>Interested in Volunteering</i>
Men's Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Thrift Store	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank	<input type="checkbox"/>	<input type="checkbox"/>
Soup Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>

What hobbies and recreational activities do you enjoy?

Have you any academic or other qualifications or experiences which you feel you could utilize as a volunteer?

Affiliation with community groups (eg. church, service club, organizations):

Previous volunteer experiences, if any:

Why do you wish to be a volunteer in this organization?

REFERENCES:

1. _____ Name: Telephone: _____
Address: _____

2. Name: _____ Telephone: _____
Address: _____

3. Name: _____ Telephone: _____
Address: _____

In making this application, I hereby give Vincent Place Inc, authority to contact persons named as references and to make inquiries with the Police Authorities for a criminal records check as deemed necessary to ascertain my suitability as a Vincent Place Inc Volunteer.

Signature

Date

FOR OFFICE USE ONLY

Date of Initial Interview: _____ Date of Orientation of Vincent Place Inc: _____

Program Assigned: _____ Date Volunteer Work Completed: _____

Comments: _____

ACKNOWLEDGMENT:

I certify that the information that is provided on this Volunteer Information Form to be true and complete. I understand that this information will remain confidential and is the property of Vincent Place Inc. of Sault Ste. Marie, Ontario.

If I have indicated that I would consider volunteering in another area of service, I understand that my name and phone number will be given to the appropriate coordinator so they may contact me. I understand that if this new position has a risk level higher than the one I am serving in, additional screening procedures will be required.

I have received a copy of the screening policy for Vincent Place Inc.

If the position (s) you are presently serving in has/have been identified as low or medium risk, please sign below and return this form to the coordinator.

Signature:

Date:

Please provide a contact in case of emergency: _____

Name: _____

Address: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Relationship to volunteer: _____

Are there any medical conditions that you would like us to be aware of?

FOR HIGH RISK POSITIONS PLEASE READ AND COMPLETE THIS SECTION:

As a result of the level of risk associated with the position I wish to become a part of, I further agree to provide at my own cost a Police Record Check. When I have obtained my Police Record Check I will return it in a sealed envelope to the Administration Office. My service of volunteering can commence after the Administration has approved me.

Signature:

Date:

THANK YOU FOR PROVIDING YOUR TIME AND TALENT IN VOLUNTEERING FOR

VINCENT PLACE INC.