



VON Volunteer / Community Support Services VOLUNTEER APPLICATION FORM

Welcome to VON Algoma

Name:

Last

First

Initial

Mailing Address:

Street

Apt #

Town/City

Province

PC

Day Tel:

Evening Tel:

Cell:

Email:

For Students – Home Address if different from above:

Street

Apt #

Town/City

Province

PC

Emergency Contact #1:

Day Tel:

Cell:

(Numbers should differ from Volunteer's)

Contact #2 (Optional):

Day Tel:

Cell:

Languages Spoken: ENG FR Other: _____

Please put an "X" in the programs/activity boxes for which you have an interest in volunteering:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Day Program | <input type="checkbox"/> | <input type="checkbox"/> Bereavement Support |
| <input type="checkbox"/> Visiting Programs (VP) | <input type="checkbox"/> VP-Volunteer Visiting | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> VP-Clients with Alzheimer's | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> VP-Hospice/Palliative | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> VP-Enhanced "on-call"
Hospice Outreach | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2: VOLUNTEER ASSESSMENT

Employment and Volunteer History *(information used for matching with client)*

Current Occupation: _____ Employer: _____

Previous Employment: _____

Volunteer Experience: _____

Relevant Training/Experience: _____

Applicant's Name: _____ Phone Number _____

If completing form electronically must hand-write info in these boxes once printed. If submitting electronically please leave blank.

Volunteer Interest

Where did you hear about VON
Volunteer programs? _____

What appeals to you about
volunteering with VON? _____

What goals do you have for this
volunteer experience? _____

Do you have a geographic preference for where you volunteer? YES NO

If yes, please indicate where: _____

Are you willing to drive as part of your volunteer duties for VON? YES NO

If yes, do you have a vehicle available for your use? YES NO

If yes, what type of vehicle : 2-door car 4-door car Van Truck 4X4

Do you have any health concerns that might affect your ability to perform
a volunteer role at VON? (e.g. allergies, physical limitations) _____

Volunteer Availability

How much time would you like to contribute to
VON? (e.g. hours per week or month): _____

SECTION 3: CHARACTER REFERENCES & POLICE RECORDS CHECK

To ensure the safety of our clients VON carefully screens all volunteer applicants. As part of this process, you are required to provide two character references from people who are not related to you. Depending on the position applied for a police records check may also be required. We will process your application upon receipt of your character references and police records check.

Name of Reference #1:

Organization/Title (if applicable): _____

Address (if applicable): _____

Daytime Tel: _____

Name of Reference #2:

Organization/Title (if applicable): _____

Address (if applicable): _____

Daytime Tel: _____

If you are asked to provide a Police Records Check would you be willing to do so? YES NO

SECTION 4: AUTHORIZATION

The information provided through the volunteer application and approval process is confidential and will be used only for the administration of your application and resulting volunteer work with VON. Your completion and signature of this application form authorizes VON to contact your references.

Signature of Applicant

Date

Signature of Guardian

Date

Thank you for your interest in VON Volunteer Community Support Services. We will contact you in the near future and look forward to meeting you. If you know of a friend or relative who may be interested in volunteering with VON please let them know about our programs!

Applicant's Name: _____ Phone Number _____

If completing form electronically must hand-write info in these boxes once printed. If submitting electronically please leave blank.

Return completed form to: VON Algoma
(Branch to complete with contact information) 7 B Oxford Street
Sault Ste. Marie, ON
P6B 1R7

SECTION 5: VON OFFICE USE ONLY

Interview completed by: _____ Title: _____

Date of interview: _____

Interviewer Notes: _____

Volunteer Availability

Day: no preference; or Mo Tu We Th Fr Sa Su
Time: no preference; or Morning Afternoon Evening

ACCEPTANCE

Recommendations for volunteer position/reason if not accepted to the program:

Admission Date: _____ Active Date (first service): _____

Name Tag Provided

ITEMS RECEIVED AND COMPLETE

- | | |
|---|---|
| <input type="checkbox"/> Signed Application | <input type="checkbox"/> Signed Volunteer Agreement/Acknowledgement |
| <input type="checkbox"/> Reference #1 <input type="checkbox"/> Reference #2 | <input type="checkbox"/> Signed Position Description |
| <input type="checkbox"/> Police Records Check (if required) | <input type="checkbox"/> Signed Confidentiality Form |
| <input type="checkbox"/> Other: Fundamentals Certificate | <input type="checkbox"/> Signed Conflict of Interest Form |

Gender: Male Female

Birth Day: _____ / _____ *(only for branches that acknowledge volunteer birthdays)*
 mm dd

Birth Year: _____ *(only requested after acceptance as a volunteer for statistical/planning purposes.)*

If volunteer will be driving as part of their VON duties:

- Verification of \$1 million 3rd party liability insurance
- Photocopy of driver's license on file
- Driver's Abstract (only at branches where this is requested from volunteers)
- Safety Certificate for vehicle *(only at branches where this is requested from volunteers)*

Additional Notes: _____

