

Volunteer Application

Applicant Information

Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Date of Birth	

General Information

Do you hold a current membership with Thunder Bay Family Network? Yes No

Are you interested in learning more about membership options? Yes No

Please indicate how you heard about our volunteer program (check all the apply)

Poster/Flyer Display Public Event Friend/Relative Staff
 Volunteer School Internet Media (print/television/radio)
 Volunteer Thunder Bay Other (please specify): _____

Please indicate your main reasons for volunteering (check all that apply)

Desire to help others Student volunteer hours Networking
 Gain experience and develop skills Establish work record/build resume
 Other (please specify): _____

All volunteers must have a current (within the last year) Criminal Reference Check on file or an alternative clearance to be assessed and approved by TBFN.

Do you have any objection to obtaining a Criminal Reference Check as a condition of volunteering?

Yes No

****cost to obtain will be reimbursed by Thunder Bay Family Network****

Availability

Please indicate your availability for volunteer assignments

Regularly (once a week) Weekend mornings Weekend mornings
 Occasionally as needed Weekend afternoons Weekend afternoons
 Once a month Weekend evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|---|--|
| <input type="checkbox"/> ICAN Program | <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Presentations/public speaking |
| <input type="checkbox"/> Family Networking | <input type="checkbox"/> Events | <input type="checkbox"/> Training/facilitation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical/office/admin. | <input type="checkbox"/> Board (for members only) |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Other: _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (i.e. public speaking, accounting, leadership, event planning).

Can you provide a resume? Yes Attached No

Do you have current First Aid/CPR certification? Yes No

If yes please provide expiry date: _____

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Work Phone	

Cell Phone	
E-Mail Address	
Relationship to Applicant	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

This section to be completed by parent or guardian if applicant is below the age of majority

I am aware of and support _____'s decision to volunteer with Thunder Bay Family Network.

Name (printed)	
Street Address	
City, Province, Postal Code	
Home Phone	
Signature	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Information collected will be used solely for the purpose of determining volunteer placement and maintaining statistics. Feedback from volunteers will be solicited on a regular basis. Thank you for completing this application form and for your interest in volunteering with us.

FOR OFFICE USE ONLY

Interview Date:

Criminal Reference Check Date:

Orientation Date:

Volunteer Accepted ___ Yes ___ No If no please provide non descriptive explanation:

Approved by (printed)	
Title	
Signature	
Date	