

Volunteer Application Form

1. Personal Data

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Last Name	First Name
		Date of Birth
Address		City
Province	Postal Code	E-mail
Home Phone	Business Phone	Cell Phone
Emergency Contact Name	Relationship	Phone Number
How did you hear about us? Friend/Relative <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Facility Employee <input type="checkbox"/> Newspaper/Ads <input type="checkbox"/> _____ Others <input type="checkbox"/> _____		

2. Work and Volunteer History

Work Experience
Volunteer Experience: Have you volunteered before <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where & what did you do?
Current Profession

3. Time Availability and Commitment

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

Are you available for:

- Short-term project
- ongoing/long-term volunteering
- weekends only
- Evenings only

I agree to commit to volunteering for more than three months.

Signature: _____ Date: _____

If you do not agree, please specify the time length that you wish to do volunteering. _____Months/Years

4. Skills and Interest

Languages	Spoken	Read	Write
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Area of Interests in volunteering

Art & Craft ☐ Baking/Cooking ☐ Music ☐ Bingo ☐ Pet Therapy ☐ Computers ☐
Spiritual ☐ Administrative Work ☐ Visitations/Companionship ☐ Physical Activity ☐
Horticulures/Gardening ☐ Special Event ☐ Reading ☐ Social Activity ☐
☐ Other _____

6. List any relevant skills, qualifications or certifications

Background Check/TB

(some roles may require a background check.)

Are you willing to undergo a background check if required ?

☐ Yes ☐ No

Are you willing to do a 2 step TB testing ?

☐ Yes ☐ No

Agreement & Signature

By signing below, I certify that the information provided is true and complete I understand that submitting this application does not guarantee placement and that all volunteers must follow the policies and guidelines of Kindera.

Print name:_____

Signature:_____

Date:_____