

# Variety Ontario



**\*Police Reference Check Required**

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

### Contact Information

Last Name	Given Names	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Phone (Home)	Phone (Cell)	Phone (Work)	
Street Address	Apt.	City or Town	Province
Postal Code	E-mail Address		
Please check all that apply:			
<input type="checkbox"/> Student (High School)	<input type="checkbox"/> Student (Post Secondary)	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult (Retired)

Are you 16+ years of age?  Yes  No

A Parent or Guardian Signature is Required if **You Are Under the Age of 18.**

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Are you currently or have you ever been a member of Variety Village?  Yes  No

### Emergency Contact Information

Name of emergency contact #1	Phone (Home)
Relationship	Phone (Work or Cell)
Name of emergency contact #2	Phone (Home)
Relationship	Phone (Work or Cell)
Do you have any allergies or is there any medical information you wish to disclose?	

### Background Information

Please list two references. One may be a personal reference, one of which must be a professional reference.

1.Name:	Title:	Phone:
2.Name:	Title:	Phone:

By providing the names noted above, I authorize Variety Village to contact these individuals in order to obtain information regarding my character, employment history and volunteer experience.

Signature: \_\_\_\_\_

Have you been convicted of a criminal offence to which a pardon has not been granted?  Yes  No

Are you bondable?  Yes  No

## Volunteering Preferences

Please indicate which areas you are interested in

Programs	Administration	Other
<input type="checkbox"/> Active Aging <input type="checkbox"/> Aquatics <input type="checkbox"/> Field house <input type="checkbox"/> L.I.N.K.S./MILESTONES <input type="checkbox"/> Outreach <input type="checkbox"/> Camps	<input type="checkbox"/> Data Entry <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> General Office Work <input type="checkbox"/> Reception <input type="checkbox"/> V.V.A.C (Teams)	<input type="checkbox"/> No Preference (ALL) <input type="checkbox"/> Special Events* <input type="checkbox"/> Tours <input type="checkbox"/> Volunteer Leader <input type="checkbox"/> Other: _____ *Special Events: Please List 1. _____ 2. _____ 3. _____

## Availability

Day	Mon			Tues			Wed			Thurs			Fri			Sat			Sun		
Time	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE

Type of commitment:     Weekly                       Monthly                       As Needed                       40 Hours (High School Students)  
 Co-Op: From \_\_\_\_\_ to \_\_\_\_\_                       Seasonal: From \_\_\_\_\_ to \_\_\_\_\_

## Special Skills and Qualifications

<input type="checkbox"/> C.P.R	<input type="checkbox"/> First Aid	<input type="checkbox"/> N.L.S	<input type="checkbox"/> Coaching:	<input type="checkbox"/> Other:
--------------------------------	------------------------------------	--------------------------------	------------------------------------	---------------------------------

Briefly indicate any additional education that may be beneficial to your volunteer experience:

Summarize special skills or knowledge you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

## Agreement and Signature

In adherence to the Personal Information Protection and Electronics Documents Act (PIPEDA) the information that Variety Village has collected on this application is strictly for internal use only. This information will not be shared with any external parties. The personal information gathered from this application will be used and retained by Variety Village in connection with the assessment of this application, including checking references and verifying contact information.

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.

I also understand that **volunteering is conditional upon satisfactory references and a Police Records Check.**

Date		Name (Please Print)	
Signature			
Police Reference Check Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I wish to complete a Police Reference Check through Variety Village at a cost of \$27.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Our Policy

It is the policy of Variety Village to provide equal opportunities without regard to race, colour, religion, national origin, creed, gender, sexual orientation, age, or ability, or any other characteristic protected by Human Rights legislation.

Thank you for completing this application form and for your interest in volunteering with us.