



## VOLUNTEER APPLICATION FORM

(ALL INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (yy/mm/dd)

Let us know about your hobbies, interests, skills and educational background:

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### Medical Information: (Please list medications required)

\_\_\_\_ Allergies (please list) \_\_\_\_\_

\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_ Epilepsy \_\_\_\_\_

\_\_\_\_ Heart Conditions \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have any physical conditions that would prevent you from performing certain types of activities (i.e. lifting)? If so, please explain.**

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**\*Should an injury occur please notify Volunteer Coordinator\***

## Previous Volunteer Experience

Please list any previous Volunteer experience and duties you performed.

1. Name of Organization \_\_\_\_\_  
Duties \_\_\_\_\_
2. Name of Organization \_\_\_\_\_  
Duties \_\_\_\_\_
3. Name of Organization \_\_\_\_\_  
Duties \_\_\_\_\_

## References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. If you are a minor, you may use the name of a parent and/or teacher.

1. Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name of Reference \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### Applicant's Statement

I hereby acknowledge that the information contained in this application for volunteering is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also grant my permission for Kingsville Community Centre to perform a personal Criminal Record Check for the purpose of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality.

\_\_\_\_\_  
(Applicant's Name - Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date – yyyy/mmm/dd)