**VOLUNTEER APPLICATION FORM**350 Linden Drive, Cambridge ON N3H 5N7  
Phone: 519-650-2971  
Volunteer Services Email: alisonk@prestonheights.ca

www.prestonheights.ca

**OFFICE USE ONLY**

Interview date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In person
* On the phone

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School/Work/Retired

Youth (under 18) or Adult



**Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mr. / Mrs. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

Address (#, Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: Ontario Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to contact: Phone or Email

**Skills and Experience Summary – What skills do you have? (Attach your resume, if you like)**

* Child Care or Early Childhood Educator (experience with children)
* Leadership Skills (assist or lead a program with children or adults)
* Culinary Skills (help us make snacks for children or teach our youth a new recipe)
* Customer Service (telephone, greeting the public, providing info)
* Computer Skills (circle) Windows, MS Word, MS Excel, MS Access, MS PowerPoint
* Marketing Skills (creating flyers, posters, using Canva)
* Website Skills
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability – When can you come and volunteer?**

Do you need your volunteer hours for high school? Yes No **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Time of day you are available (Circle your preference)** |
| **Monday** | Morning 9-12 Afternoons 1-4 Evenings 6-9 |
| **Tuesday** | Morning 9-12 Afternoons 1-4 Evenings 6-9 |
| **Wednesday** | Morning 9-12 Afternoons 1-4 Evenings 6-9 |
| **Thursday** | Morning 9-12 Afternoons 1-4 Evenings 6-9 |
| **Friday** | Morning 9-12 Afternoons 1-4 Evenings 6-9 |

**Preston Heights Community Group - Volunteer Opportunities***(check all activities you are interested in)*

* Charitable Gaming Centre
* Special Events
* Program Support-Preschoolers
* Program Support -Children
* Program Support -Youth
* Board of Directors
* Summer Camp LIT
* March Break Camp
* Program Materials & Resources Support
* Delivering Flyers
* Administrative Support
* Community Garden
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Screening** (for applicants 18 years of age and older)

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

**Yes No**

Will you agree to a Police Vulnerable Sector Check if required for the volunteer position?

**Yes No**

**Emergency Contact***In case of emergency while you are volunteering, who should be contacted?*

Contact Name (first and last name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal References (it cannot be a family member)**Please find attached to this application package two reference check forms. Have each of your references complete a form. References must be over the age of 18, they must have known you for a minimum of one year, and they must be a non-family member. Please return the completed reference check forms to the Preston Heights Community Group office.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby grant Preston Heights Community Group permission to conduct reference interviews with the individuals, named on the references check forms, for the purposes of completing my application for volunteer work.

Note: Depending on the nature of the volunteer opportunity, volunteers under the age of 18 may not be required to participate in the formal interview process.

**Volunteer Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about PHCG volunteer opportunities**?

Friend Website Newsletter Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next Steps:**

**You will be contacted within 1 week about the status of your volunteer application.**