

# Aunt Leah's

## VOLUNTEER APPLICATION FORM

Please return this form electronically if possible.

If completing by hand please print clearly.

All information gathered will be kept confidential and will be used only by Aunt Leah's.

### GENERAL INFORMATION

|                                                                                                                                                        |             |                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|--|
| Last Name:                                                                                                                                             |             | First Name:                 |  |
| Preferred Name:                                                                                                                                        |             | Middle Initial(s):          |  |
| Address:                                                                                                                                               |             | Date of Birth (DD/MM/YYYY): |  |
| City:                                                                                                                                                  | Province:   | Postal Code:                |  |
| Home Phone:                                                                                                                                            | Cell Phone: | Work Phone:                 |  |
| E-mail Address:                                                                                                                                        |             |                             |  |
| Preferred contact method:                                                                                                                              |             |                             |  |
|                                                                                                                                                        |             |                             |  |
| Have you ever been convicted of an offence under the Youth Criminal Justice Act or adult law? Yes <input type="checkbox"/> No <input type="checkbox"/> |             |                             |  |

### Area(S) of Interest

Please rank your preferences of which type of volunteering you would like to perform (1<sup>st</sup> choice, 2<sup>nd</sup> choice etc.)

*Note that not all positions are available at all times and in all areas.*

|                          |                                 |                          |                       |                          |                           |
|--------------------------|---------------------------------|--------------------------|-----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Christmas Tree Lots (Nov & Dec) | <input type="checkbox"/> |                       | <input type="checkbox"/> | Resource Centre Reception |
| <input type="checkbox"/> | Fundraising                     | <input type="checkbox"/> | Projects/Research     | <input type="checkbox"/> | Administrative work       |
| <input type="checkbox"/> | Food Program                    | <input type="checkbox"/> | Training/Facilitation | <input type="checkbox"/> |                           |
| <input type="checkbox"/> | Other (Please Specify):         |                          |                       |                          |                           |

### PREVIOUS EXPERIENCE

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| Have you previously <u>volunteered</u> with Aunt Leahs? Yes <input type="checkbox"/> No <input type="checkbox"/>     |  |
| Have you previously <u>worked</u> with Aunt Leahs? Yes <input type="checkbox"/> No <input type="checkbox"/>          |  |
| Can you provide a resume? Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> |  |
| What training or qualifications do you have (e.g. customer service, youth work...)?                                  |  |
| <hr/>                                                                                                                |  |
| <hr/>                                                                                                                |  |
| <hr/>                                                                                                                |  |

### COMMITMENT

|                          |                         |                          |                    |                          |         |
|--------------------------|-------------------------|--------------------------|--------------------|--------------------------|---------|
| <input type="checkbox"/> | Less than 6 months      | <input type="checkbox"/> | 6 months to 1 year | <input type="checkbox"/> | Ongoing |
| <input type="checkbox"/> | Other (Please Explain): |                          |                    |                          |         |

\* This information will be used for statistical purposes only.

☐ By checking this box **I certify that** the information in this form is correct and complete. I give my permission to Aunt Leahs to obtain, if required, a criminal record check and/or a driver's abstract. **I understand that** I will be advised in advance if a criminal record check and/or a driver's abstract or other program specific checks may be required.

\_\_\_\_\_  
Applicant's Signature\*

\_\_\_\_\_  
Date (DD/MM/YYYY)

**\*Applicants under the age of 19 must have a parent/guardian fill out the following:**

**I am aware of and support my child/legal dependant's decision to volunteer with Auntleahs**

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

Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)