



DUNDAS COMMUNITY SERVICES

Volunteer Registration Form

DATE: _____

APPLICANT INFORMATION

Name: _____ Sex: Female Male

Address: _____ Age (if under 18): _____

City: _____ Postal Code: _____ Phone: _____

Email: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Do you have a medical condition that may exclude you from certain activities?

Yes (Please specify) _____

No

List any hobbies, interests, skills or talents you have

Who would you like to volunteer with?

- Children
- Teenagers
- Adults
- Seniors
- Persons with disabilities
- Other (Please specify)

Would you like a volunteer position at Dundas Community Services? Here are our available opportunities:

- Friendly Calling
- Friendly Visiting
- Meals-on-Wheels
- Volunteer Assisted Transportation Program

Which of our volunteer programs are of most interest to you?

- Offered at Dundas Community Services*
- Meals-On-Wheels
 - Friendly Visiting Program
 - Volunteer Transportation Program
 - Volunteer Reassurance Phone Caller

Other positions available in the community?

Yes No

What other kind of volunteer work are you interested in?



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APPLICANT INFORMATION

Which days and times are most convenient for you to volunteer?

- | | Morning | Afternoon |
|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Friday | <input type="checkbox"/> | <input type="checkbox"/> |

Would you be willing to volunteer on the weekend? Yes No

- | | Morning | Afternoon |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have transportation? Yes No

Have you had a police check? Yes No

If yes, for what organization or group did you have the police check done?

Please list two references. (No family members please).

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Agency referred: _____

- | | |
|--|---|
| <input type="checkbox"/> Confidentiality Agreement | <input type="checkbox"/> 2nd Interview Required |
| <input type="checkbox"/> Consent to Disclose (Police) | <input type="checkbox"/> Further Records Check |
| <input type="checkbox"/> Returned | <input type="checkbox"/> Applicant not Accepted |
| <input type="checkbox"/> Insurance Agreement | <input type="checkbox"/> Applicant Accepted |
| <input type="checkbox"/> Received Manual/Orientation | |
| <input type="checkbox"/> Disabled Parking Permit Agreement | |
| <input type="checkbox"/> Photo Identification | |