

Placement/Volunteer Application Form

Date:	
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Name:		Phone:	
Address:		City:	
Postal Code:		Email:	

Education

Secondary School & Location		Grade:	
Post-Secondary School & Location		Degree/ Diploma	

Are you presently employed? _____Yes _____No
(please include volunteer experience)

Hobbies and Interests (please include activities/awards/special training/etc.)

How did you hear about Community Living Hamilton?

Languages spoken (other than English)

Availability

Are you interested in working with:

Adults		Teenagers	
Children		Other: Clerical/driving	

Referral source to Community Living Hamilton

Newspaper		Friend	
School		Other	

Why do you want to volunteer?

Emergency Contact Information:

Name		Address	
Home Phone #		Work Phone #	
Physician's Name		Physician's Phone #	

References

Name		Relationship		Phone #	
Name		Relationship		Phone #	
Name		Relationship		Phone #	

Declaration:

- The above information is, to the best of my knowledge, true and accurate.
- I understand that any misrepresentation in the application form may be cause for dismissal.
- I understand that reference checks will be made and agree to these, provided the information is kept in confidence.
- I understand that Community Living Hamilton conducts police checks on all new potential volunteers/placement students.
- I understand that applicable information may be shared with a third party i.e. program within the organization – phone number etc.

Signature of applicant	
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Please return to: Coordinator, Onboarding and Recruiting