



SAINT LUKE'S PLACE VOLUNTEER APPLICATION

Applicant Contact Information:

First Name: _____
Last Name: _____
Street 1: _____
Street 2: _____
City: _____
Province: _____ Postal Code: _____
Home Phone: _____
Cell phone: _____

Demographics:

Date of Birth: _____
(Month) / (Day) / (Year) *(year optional)*

Age Range: 18 - 35
 36 – 64
 65 and over

Gender: _____

Assignment preference:

The following are some of the areas where our volunteers are serving. Use this list to indicate your areas of interest.

Please note that there may not be current volunteer vacancies in all assignment areas.

- | | |
|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Recreation – Music Programs |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Recreation - Outings |
| <input type="checkbox"/> Coffee Shop/Store | <input type="checkbox"/> Recreation – Small groups |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recreation – Large groups |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Recreation – Special events |
| <input type="checkbox"/> Dining room assistant | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> One to One visitor | |
| <input type="checkbox"/> Pastoral Care – Friday Chapel | |

FOR OFFICE USE ONLY

Date Application Received: _____
Contact Date: _____
Interview Date: _____

Revised: Dec 2016

Availability:

Please indicate the days and times you are usually available and interested in volunteering.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours do you hope to serve?

_____ hours each ☐ week ☐ month

Skills, Education & Experience:

Why do you wish to volunteer at Saint Luke's Place?

What skills and experience do you have that would be helpful as a volunteer at Saint Luke's Place?

What languages are you able to speak and/or read?

Email Address:

We keep volunteers informed of important news, updates, schedules, and volunteer opportunities by email. However we will not send you any email you prefer not to receive. Use the checkboxes to select the kinds of email you would like to receive from us.

Email address: _____

What kinds of email would you like to receive?

☐ **Electronic newsletters**

Occasional emails with news you need to know related to your volunteering at Saint Luke's Place.

☐ **Recruitment appeals**

Updates on education programs being offered, training sessions for which you may register, and extra or seasonal special events that you may wish to help serve.

References:

Please list two people who may be called by the Volunteer Coordinator to obtain personal references. Please do not include family members.

Reference #1

First Name: _____

Last Name: _____

Street 1: _____

Street 2: _____

City: _____

Prov: _____ Postal Code: _____

Home phone: _____

Cell Phone: _____

Relationship: _____

Reference #2

First Name: _____

Last Name: _____

Street 1: _____

Street 2: _____

City: _____

Prov: _____ Postal Code: _____

Home phone: _____

Cell Phone: _____

Relationship: _____

I Agree

I understand that submitting this application form does NOT yet register me as a Saint Luke's Place volunteer. The following qualifications must be met before I may begin volunteering.

- A personal interview with the Volunteer Coordinator
- The acceptance of established volunteer policies and procedures
- Obtaining and submitting a satisfactory Vulnerable Sector Screening (VSS) Police Check (for volunteers 18 years or older)
- Submitting a TB Screening questionnaire
- Participating in orientation and training related to volunteer assignment.

By submitting this form, I attest that the information I have provided on this form is true and accurate.

Signed name

Printed Name

Date

ALL INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE

Thank you for taking the time to read and fill out this form. We now have an accurate record of your skills, experience and interests which will enable us to make the best match for you, with a present or future volunteer opportunity.

Krista Voisin Goll
Activation Manager

519 658 5183 ext. 244

activationmanager@saintlukesplace.ca