

SUPPORT SERVICES PROGRAMS

• **Friendly Visiting Telephone Assurance Walk A Bit**
 Phone: 684-3471 Fax: 345-1612 Email: tbiluk@thunderbay.ca

THUNDER BAY 55 PLUS CENTRE
 700 River Street
 Thunder Bay, ON P7A 3S6

Volunteer Application Form

Interested in volunteering for: Friendly Visiting Telephone Assurance Walk-A-Bit

GENERAL INFORMATION

FIRST NAME		SURNAME		<input type="checkbox"/> M
				<input type="checkbox"/> F
ADDRESS		CITY	POSTAL CODE	
PHONE NUMBER		EMAIL		
Home:		Work:		
EMERGENCY CONTACT: NAME		RELATIONSHIP	PHONE NUMBER	
DATE OF BIRTH	USE OF CAR			
MM DD	<input type="checkbox"/> YES <input type="checkbox"/> NO			

PREVIOUS VOLUNTEER/WORK EXPERIENCE

ORGANIZATION	POSITION OR MAJOR RESPONSIBILITIES	DATES: START/ FINISH

Special Skills, Training, Certificates, Hobbies, Spare-time Activities

Reasons for Volunteering

- | | | |
|---|--|--|
| <input type="checkbox"/> Gain experience working with people | <input type="checkbox"/> Help others | <input type="checkbox"/> Personal growth |
| <input type="checkbox"/> Give something back to the community | <input type="checkbox"/> Make career decisions | <input type="checkbox"/> Skills/Career development |
| <input type="checkbox"/> Have spare time | <input type="checkbox"/> Meet new people | <input type="checkbox"/> Work experience placement |
| <input type="checkbox"/> Other: _____ | | |

How did you find out about volunteering with the Support Services Programs?

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Media | <input type="checkbox"/> Poster | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City Website | <input type="checkbox"/> The Key | <input type="checkbox"/> Volunteer Thunder Bay! |
| <input type="checkbox"/> Staff | <input type="checkbox"/> School | <input type="checkbox"/> Other: _____ |

over →



RECREATION & CULTURE DIVISION

Are there any physical limitations or health problems you feel we should be aware of which might affect your volunteer placement? (e.g. allergy to smoke, pets, etc)

Any other information that would be of interest:

Consent and Authorization for Reference Check

Please list 3 references. (i.e. clergy, neighbour, coach, employer, last place you volunteered - personal and professional references required). **Family/relatives not accepted for reference purposes.**

References will be checked.

I authorize The Corporation of the City of Thunder Bay Support Services Programs to contact the organizations listed for the purpose of obtaining reference information. These organizations are authorized to disclose such information:

NAME	RELATIONSHIP TO YOU	PHONE NUMBER
1.		
2.		
3.		

All volunteers must sign and submit a Volunteer Placement Agreement form.

- I understand that for volunteer positions of trust, successful applicants must pass a Police Records Check.
- I give permission to use any photos taken during volunteering for promotional purposes.
- I understand that individuals interested in volunteering with Support Services are required to attend an orientation session.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY:

COMMENTS

P.R.C. Review Date

Placement Date

Personal information on this form is collected under the authority of the Ontario Municipal Act, R.S.O. (as amended), and will be used to determine eligibility for volunteer positions. Questions about this collection can be directed to the Support Services Coordinator, Thunder Bay 55 Plus Centre, 700 River St., Thunder Bay, Ontario, P7A 3S6 Telephone 684-3471.