

Date: _____, 2018

Open Doors Volunteer Application & Profile Form

Thank you for your interest in volunteering with OPEN DOORS. Volunteers play a vital role in supporting and delivering our programs and services. **Please note:**

- Volunteers must be at least 16 years of age, or be accompanied by an adult.
- Positions where volunteers work with children or one-on-one with clients require a Police Check.
- An application to volunteer does not guarantee acceptance.
- All volunteer applications are reviewed according to available volunteer opportunities, program capacity and in accordance with job descriptions.
- All volunteers are expected to attend volunteer orientation and may require a personal interview,
- Once completed, this form becomes the property of Open Doors.

Please Print

1. PERSONAL DATA

FIRST NAME: _____ LAST NAME: _____ DOB: ____ / ____
(month / day)

AGE RANGE 16 – 20 21 – 31 32-48 49-67 68+

CURRENTLY, I am:

- a High School Student at _____
(name of school)
- a Post-secondary Student at _____
(name of school)
- Employed: FT / PT / Self at _____
(name of company/organization & current profession/trade)
- Seeking work in _____
(profession/trade)
- Retired from _____
(name of company/organization & past profession/trade)
- Other: _____
(please specify)

How did you hear about Volunteering at St. Christopher's Open Doors?

- | | | | |
|--|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Hamilton Spectator | <input type="checkbox"/> Community Bulletin | <input type="checkbox"/> TV | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Burlington Post | <input type="checkbox"/> Volunteer Halton | <input type="checkbox"/> Website | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Member of St. Christopher's | <input type="checkbox"/> Kijiji | <input type="checkbox"/> Radio | <input type="checkbox"/> Event |
| <input type="checkbox"/> Church Bulletin | <input type="checkbox"/> Other (please specify): _____ | | |

2. CONTACT INFORMATION

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

3. EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

4. COMPETENCIES

PRIMARY LANGUAGE	SPOKEN	WRITTEN
ADDITIONAL LANGUAGE(S) (please specify):	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS, QUALIFICATIONS, CERTIFICATIONS

- First Aid
 CPR
 WHMIS
 Food Safety
 G License
 Other (e.g. marketing, translation, social media, etc.): _____

5. INTEREST

Why are you interested in volunteering at Open Doors?

What volunteer opportunities are you interested in?

- Committees
 Foodbank
 Respite
 Christmas Families
 Fundraising
 Calling All Parents
 Clothing Store
 Child and Youth
 Seniors Programs
 Other: _____
 Community Meals
 Events
 Active Tots

6. AVAILABILITY (please check)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am						
pm						

7. SPECIAL REQUEST TO CONFIRM HOURS

Do you require a letter, signatures, or statement of volunteer hours performed at Open Doors?

- Yes
 No

Please note that Open Doors will not provide documentation for hours not served.

8. REFERENCES

Please provide up to three references:

<u>NAME</u>	<u>COMPANY / ORGANIZATION</u>	<u>PHONE & EMAIL</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The information contained herein is true and complete and I give Open Doors consent to contact my references. I give permission to send volunteer informational emails to the email listed above.

SIGNATURE _____ **DATE** _____

PLEDGE OF CONFIDENTIALITY

To be completed by all persons, who may have access to confidential information, including but not limited to Board Members, Employees, Committee Members, Volunteers, and all other associated with Open Doors.

WHEREAS while participating in Open Doors programs the undersigned shall come into possession or have knowledge of confidential information relating to the organizations service to individuals and their families in the community; and

WHEREAS it is the policy of Open Doors that such information shall be held in the confidence by the recipient thereof, and recognizing that the members of the community served by St. Christopher's Open are entitled to have their personal information protected;

The undersigned will keep all personal information respecting any client or client group served by Open Doors confidential except where such disclosures is stated in our policy and procedures.

SIGNATURE _____ **DATE** _____