



Volunteer Application Form

***** Please attach copy of your resume *****

Applications can be submitted by:

-Drop it off at the Immigrant Women's Centre at 8 Main St. East, Hamilton, ON L8N 1E8

-Fax it to 905-521-0541 Attn: Volunteer Coordinator

-Email to linc@stjosephwomen.on.ca

Name: _____
first initial last

Address: _____
number street Apt No., Unit No.,

_____ *City/Town* _____ *Postal Code:*

Home #: _____ **Cell #:** _____

Email: _____

Position Applying For: *(Check the applicable square)*

Administrative Support **LINC Classes assistant** **Driving Teacher (G1)**
Computer's Teacher **Childminding Assistant** **Special Events**

Note: for Childminding Assistant you must have

Valid TB Test **Valid First Aid / CPR Training**

Would you like to volunteer at:

Main Site **Rebecca Site** **Mountain Site**
8 Main St. E. 182 Rebecca St. 1119 Fennell Ave.
(Main St & James) (Rebecca & Ferguson) (Up. Ottawa & Fennel Ave)

Preferred Length of commitment:

1 Month
3 Months
6 Months

Number of Hours Available to Volunteer Each Week:

1-5
5-10
10-15

Please list the time frames you are available to volunteer

Monday: Start _____ End _____ **Tuesday** Start _____ End _____
Wednesday Start _____ End _____ **Thursday** Start _____ End _____
Friday Start _____ End _____

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____



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Why do you want to apply in this position? How do you hope to benefit?

Besides English what other(s) language(s) do you know?

_____	read <input type="checkbox"/>	speak <input type="checkbox"/>	write <input type="checkbox"/>
_____	read <input type="checkbox"/>	speak <input type="checkbox"/>	write <input type="checkbox"/>
_____	read <input type="checkbox"/>	speak <input type="checkbox"/>	write <input type="checkbox"/>

List the Skills that you bring to this Position (attach copy of resume):

Please read carefully. A check in each box indicates agreement.

- I understand that an appointment to any volunteer position requires that I provide two references and a Police Check as part of the screening process.
- I understand that in accepting a Volunteer position, I am committing myself to act in compliance with the beliefs, values, policies and processes of the Immigrant Women's Centre.
- I understand that an appointment to any volunteer position does not guarantee a paid position within the organization.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Observations: _____

Interview By: _____

Date: _____

*Please complete the Reference Check Permission Form on the following page.



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Reference Check Permission Form

I [*please print name*], _____ give the Immigrant Women's Centre permission to contact the references listed below to discuss my suitability as _____ (volunteer position)

Signature: _____ **Date:** _____

List three persons who have knowledge of your skills, abilities, and volunteer experience, or community involvement/interest. Your references should be people you know through different relationships and/or situations. For example: a community member, a friend and an employer (paid or volunteer position).

Reference One

Name: _____
first initial last

Day Time Phone: _____ **Cell#:** _____ **E-mail:** _____

Relationship: _____ **Years known:** _____

Reference Two

Name: _____
first initial last

Day Time Phone: _____ **Cell#:** _____ **E-mail:** _____

Relationship: _____ **Years known:** _____

PLEASE PROVIDE A CONTACT IN CASE OF EMERGENCY

Name: _____ **Relationship:** _____
first initial last

Address: _____

Home Phone: _____ **Cell#:** _____ **E-mail:** _____