

# Volunteer Application Form



Please return this form electronically if possible.  
If completing by hand please print clearly.

All information gathered will be kept confidential and will be used only by the Women's Outreach.

## General Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First Name:	Middle Initial:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY):	Age Group: <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 50+	
Address:			City:
Province:	Postal Code:	Home Phone:	Work Phone:
Email Address:			Preferred contact method:
Occupation:	Present Employer:	Do you have a valid drivers license? <input type="checkbox"/> Y <input type="checkbox"/> N	
Education Background <input type="checkbox"/> High School <input type="checkbox"/> Diploma/Certificate Program	Skills/Interest: <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> Computer Proficiency <input type="checkbox"/> Event Planner <input type="checkbox"/> Fundraising <input type="checkbox"/> Presentations <input type="checkbox"/> Casino <input type="checkbox"/> Training/Facilitation <input type="checkbox"/> Special Events <input type="checkbox"/> Project <input type="checkbox"/> Research <input type="checkbox"/> Information Booth		
How did you hear about the volunteer program at Women's Outreach? (Please check all that apply) <input type="checkbox"/> Called/Dropped In <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Television <input type="checkbox"/> Public Event <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet/Website <input type="checkbox"/> Radio <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Community Event			
Will you be receiving academic credits for your work? <input type="checkbox"/> Yes, complete <input type="checkbox"/> No		Required number of hours	Date to be completed by (YYYY/MM/DD)
Why are you interested in volunteering with Women's Outreach?			
What would you like to gain from experience as a volunteer?			

## Commitment

What kind of commitment are you looking to make to Women's Outreach?  
 Once a week  Once a month  As often as possible  Weekends  Weekdays  Evenings  
 Daytime  Special Events  Free time  Other, please specify:

## Previous Experience

Volunteer Experience	Organization	Responsibilities	From (YYYY/MM/DD)	To (YYYY/MM/DD)
Employment History	Employer Name	Responsibilities	From (YYYY/MM/DD)	To (YYYY/MM/DD)

Have you previously volunteered with Women's Outreach? <input type="checkbox"/> Y <input type="checkbox"/> N	What training or qualifications do you have (e.g. accounting, public speaking...?):
Have you previously worked with Women's Outreach? <input type="checkbox"/> Y <input type="checkbox"/> N	
Can you provide a resume? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Attached	
Is there any other information you would like us to know?	

**REFERENCES**

Do we have permission to contact your references?  Y  N If no, please explain:

Please provide names and contact information for three references. Each person will be contacted with a confidential request for reference, which they will need to return asap for the Volunteer Coordinator to review. **Please note: Email is the preferred method of contact.**

Name (Present Employer/Supervisor):	Name (Previous Volunteer Experience):	Name (Personal Reference):
Company:	Company:	Company:
Daytime Phone:	Daytime Phone:	Daytime Phone:
Email:	Email:	Email:

**EMERGENCY INFORMATION**

Emergency Contact:	Are there any physical/medical concerns we should know about?
Phone: <span style="margin-left: 100px;">Relationship:</span>	

**PRIVACY OF INFORMATION**

Women’s Outreach respects the personal privacy of our volunteers. The personal information on the Volunteer Registration Form collected by Women’s Outreach is for the purpose of administering the Women’s Outreach volunteer program. As part of our recognition program, we may publish volunteer names in Women’s Outreach publications such as their annual report and recognition releases. This information will not be used for any other purpose without expressed written consent. If you would like to withhold your name or photograph from Women’s Outreach’s publication, please indicate this on the “Consent to Publication of Photo/Digital image. Name and interview information form. For more information, please see our Privacy Policy available at [www.womensoutreach.ca](http://www.womensoutreach.ca) Initial \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

I understand that when I am at the Women’s Outreach I may have access to confidential information and by signing this statement I am indicating my responsibilities to maintain and agree to the following:

I understand that names and any other identifying information about clients and staff are completely confidential.

I agree not to divulge, publish or otherwise make known to any unauthorized persons or to the public any information regarding Women’s Outreach, it’s clients, staff or business obtained in the course of my involvement with Women’s Outreach

I understand that ALL information regarding the Women’s Outreach obtained or accessed by me in the course of my work or volunteer activities is strictly confidential. I agree not to divulge or otherwise make known to any unauthorized persons any information, unless specifically authorized to do so by Women’s Outreach protocol, a senior staff member, or the Board of Directors acting in response to applicable law, court order, public health concerns or a specific clinical need.

I understand I am NOT to read information and records concerning clients or any other confidential information or documents, nor ask questions of clients or staff for my own personal information, but only to the extent and purpose of performing my assigned duties, whether I am a staff member, a volunteer, student or Board Members.

I understand that a BREACH OF CONFIDENTIALITY will be grounds for disciplinary action and will result in immediate termination of employment or volunteer duties.

I agree to notify the Executive Director, should I become aware of an actual Breach of Confidentiality, or a situation which could potentially result in a Breach, whether this by on my part or the part of another person.

Initial \_\_\_\_\_

**ACKNOWLEDGEMENT**

I have read, acknowledge and understand the above Privacy and Confidential Information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*Applicants under the age of majority must have a parent/guardian fill out the following:**

I am aware of and support my child/legal dependent's decision to volunteer with the Women's Outreach.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

By checking this box I certify that the information in this form is correct and complete. I give my permission to Women's Outreach to obtain, if required, a criminal record check and/or drivers abstract. I understand that I will be advised in advance if a criminal record check and/or drivers abstract or other program specific checks may be required.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

Please complete and return form electronically or \_\_\_\_\_

Attn: Volunteer Coordinator

Women's Outreach

**Thank you for your interest in volunteering with the Women's Outreach!**