



## Volunteer Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/P.O. Box (911 Address)

Postal Code: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate # (cell) \_\_\_\_\_

### Volunteer Opportunities (Please check areas of interest)

Transportation \_\_\_\_\_ Diner's Club \_\_\_\_\_ Meals on Wheels \_\_\_\_\_

Volunteer Hospice/Palliative Care Program \_\_\_\_\_ Board Member \_\_\_\_\_

Comments: Please specify any info regarding your area of interests (i.e. days available, skills, etc.) \_\_\_\_\_  
\_\_\_\_\_

We request the names of two references (friends, colleagues, neighbor, clergy, etc.)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide a recent copy of a Police Record Disclosure of all your police record information. This can be obtained from your local police or Ontario Provincial Police (OPP).

In making this application, I hereby give Community Home Support – Lanark County authority to contact the persons named as references and my insurance company, if applicable.

Volunteer's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
(if under age 16)

**For Volunteer Drivers:**

Type of vehicle(s) available: Van or Car? \_\_\_\_\_ Plate # \_\_\_\_\_

We request that our Volunteer Drivers carry \$2,000,000.00 of Third-Party Liability Insurance.

Would you see this as being a problem? \_\_\_\_\_ Policy # \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

Broker/Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

Town

Postal Code

**YOU MUST NOTIFY YOUR INSURANCE COMPANY ANNUALLY THAT YOU ARE A VOLUNTEER DRIVER.**

Would you be willing to do regular scheduled drives? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note any days you would be regularly **available** \_\_\_\_\_

Do you prefer to do only medical drives? Yes \_\_\_\_\_ No \_\_\_\_\_

How many times per month would you be prepared to drive? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, will you be able to refrain from smoking while carry out duties as a volunteer driver? \_\_\_\_\_

If you have pets please be aware that some people have allergies.

Areas you are willing to drive to: Local: \_\_\_\_\_ Long Distance: \_\_\_\_\_

Do you have any physical limitations that should be considered? \_\_\_\_\_

Why do you choose to become a volunteer? \_\_\_\_\_

How did you hear about volunteer opportunities with Community Home Support? \_\_\_\_\_

Work Experience/Education: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

**CONFIDENTIALITY**

I, the undersigned, promise to hold in confidence during my time as a volunteer and after I no longer serve as a volunteer, all matters that come to my attention in the course of my service with Community Home Support. I will respect the privacy of the people whom I serve. I will not accept gifts from clients. I will confer with the coordinator regarding any concerns I may have. I recognize that any breach of confidentiality or any of the conditions in this statement on my part will result in my being counseled and/or dismissed from Community Home Support.

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