



COMMUNITY VOLUNTEER CONNECTIONS

COMMUNITY VOLUNTEER CONNECTIONS - CVC
FLYING SQUAD VOLUNTEER APPLICATION FORM

All information collected will be kept confidential

DATE:

Name: Phone: (H)

Email: Cellular:

Address: City:

Postal Code:

Date of Birth (year not necessary) Sex: M F

Language: Speak Read Write (repeated three times)

Do you have a health conditions or allergies that we should be aware of? Yes No

If yes, please explain

In Case of Emergency, Please Contact: Relation: Phone:

How do you know about CVC?

- Referred by friend/volunteer School Internet/Website
Information Display Community Public Event TV/Radio
Phone Book Flyer/Brochure/Poster Newspaper Volunteer Centre
Organizations Other

Skills and Interest:

Education Background:

Current Occupation/Work Experience:

Hobbies, Interests, Skills

Previous Volunteer Experience:

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- No Preference Recreation and Sports Conservation/ Environment Fundraising Office
Entertainment/Special Events Multicultural/ Languages Computers Retail Driving
Crafts Cooking/Food Services Other

Are there any groups whom you are particularly interested in working? (Check all that apply)

- Adults Seniors Youth Children People with Disabilities People with Mental Illness
- No Preference Males Females Other _____

List any group (s) you would feel uncomfortable working with? _____

WHAT ARE YOU HOPING TO GET OUT OF VOLUNTEERING?

- Work experience/reference letter Make new friends Community involvement Gain new skills
- Be more active/Get out of the house Work with a certain client group Maintain Skills no longer used
- Other _____

References

I understand that a reference check is a condition of volunteering at Community Volunteer Connections. I, _____ give permission to Community Volunteer Connections to check the references provided below.

APPLICANT'S SIGNATURE

DATE

WITNESS

DATE

List name and phone number of personal/work/volunteer references and what relationship they are to you (colleague, friend, boss, teacher):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Adults only:

POLICE RECORD CHECK – It is necessary for your particular volunteer position for you agree to a Criminal Record Check. Are you willing to go to your local RCMP or Police Department to have a check done? Yes No

Signature _____ Date _____

FOR FS - CVC OFFICE USE

START DATE		CRC	
Interview		Perks:	Email List
Agreement & Package			Tracking Sheet
Media Release			
Log Sheet			
SHIRT / Button		School	

END DATE

COMMENTS

REASONS FOR LEAVING
