

VOLUNTEER APPLICATION



PHSS welcomes and encourages applications from people with disabilities.

Accommodations are available on request for candidates taking part in all aspects of the selection process.

Last Name:	First Name:	Preferred Name:	Primary Phone:
Address:			Secondary Phone:
City:	Province:	Postal Code:	
Email Address:	Emergency Contact: Name: Phone:		
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text Message			

SKILLS

Occupation:	Education:	Special Training:
Hobbies and Interests:		

REFERENCES

Name: _____	Name: _____
Relationship (not related): _____	Relationship (not related): _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Best time to contact: ____ a.m. ____ p.m.	Best time to contact: ____ a.m. ____ p.m.



Times Available

☒ Your Preference

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Activities

☒ Your Preference

<input type="checkbox"/>	Physical Activity; Meditation
<input type="checkbox"/>	Crafts; Art
<input type="checkbox"/>	Reading; Storytelling
<input type="checkbox"/>	Games
<input type="checkbox"/>	Letter Writing; Companionship
<input type="checkbox"/>	Musical Instruments; Singing
<input type="checkbox"/>	Events; Fundraising; Internal Projects
<input type="checkbox"/>	Other

Reasons for Volunteering:

Previous Relevant Experience:

I can commit to: ☐ 3 - 6 months ☐ 6 months - 1 year ☐ Other: _____

AUTHORIZATION AND RELEASE

Any information received during my volunteer period concerning the personal, financial or other private affairs of the consumer(s) of PHSS will be treated by me in strict confidence and will not be divulged.

I also understand that the information that I have provided in this Application to Volunteer will be verified by PHSS. I hereby grant permission to PHSS to contact any persons who might be able to verify the information.

The confidential information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be maintained on file. This information will be used for volunteer program planning purposes. If you require further information about this collection contact the Community Development Coordinator at (519) 615-0313.

Signature: _____ Date: _____

PLEASE EMAIL THE COMPLETED FORM TO JESSICAC@PHSSCOMMUNITY.COM

Office Use Only

☐ Interview Completed

☐ References checked

☐ Police Check

☐ Orientation Completed

Interview notes:

Date: _____