



**EAST BEACHES RESOURCE CENTRE
Volunteer Application Form**

The information gathered on this application form is confidential and will be used by the East Beaches Resource Centre for contact and placement information only.

PLEASE PRINT

Personal Information

Optional: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
First Name:	Last Name:
Birth Date:	Phone No: <input type="checkbox"/> Cell or <input type="checkbox"/> Landline
Home Address:	Postal Code:
Mailing Address: (if different than home address)	
Email Address:	
Preferred method of communication: <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Fluent Languages: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: (please state)	
Why are you interested in volunteering at the East Beaches Resource Centre?	
What is your current/previous work or volunteer work experience?	

Experience Profile

<input type="checkbox"/> General Office Administration	<input type="checkbox"/> Special Event Planning	<input type="checkbox"/> Technology Skills
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Marketing	<input type="checkbox"/> Financial
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Management/Leadership	<input type="checkbox"/> Governance
<input type="checkbox"/> Legal	<input type="checkbox"/> Creative Arts	
<input type="checkbox"/> Health Care	<input type="checkbox"/> Food Services	Other: _____
<input type="checkbox"/> Handyman		

Volunteer Positions

Board positions:				
<input type="checkbox"/> Vice Chair	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Member at Large	
Committee work:				
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing	<input type="checkbox"/> Risk Mgt	<input type="checkbox"/> Governance

Volunteer Duties:

Office:	<input type="checkbox"/> Filing	<input type="checkbox"/> Reception		
Computer:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Publisher
Social Media:	<input type="checkbox"/> Website Development		<input type="checkbox"/> Facebook Development	
Retail:	<input type="checkbox"/> Ticket Selling			
Programs:	<input type="checkbox"/> Teaching	<input type="checkbox"/> Program Assistant	<input type="checkbox"/> Program Facilitator	
Newsletters:	<input type="checkbox"/> Development	<input type="checkbox"/> Proofreading		
Phone/Visits	<input type="checkbox"/> Client Friendly Home Calls		<input type="checkbox"/> Client Friendly Home Visits	
Friendship:	<input type="checkbox"/> Birthday Greeter		<input type="checkbox"/> Sending Cards	
Food Services:	<input type="checkbox"/> Shopping	<input type="checkbox"/> Food Prep		
Events/Workshops:	<input type="checkbox"/> Decorating	<input type="checkbox"/> Planning	<input type="checkbox"/> Food Prep	<input type="checkbox"/> Serving
	<input type="checkbox"/> Facilitating			
EBRC Services:	<input type="checkbox"/> Contacting clients and Fee for Service workers			

Availability

How often would you like to volunteer?			
How long of a commitment are you prepared to make?			
Please note the times of the year you are not available to volunteer.			
Place a checkmark to indicate the time periods you are available to volunteer.			
Time	Monday	Wednesday	Friday
Morning 9am – 12pm			
Afternoon 12pm – 4pm			

Health Information

Please list health concerns which may affect your ability to participate as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

References

Please list two references – past or present employers, family or friends.

Reference #1

First Name:	Last Name:
Phone No:	Relationship:

Reference #2

First Name:	Last Name:
Phone No:	Relationship:

Because we take responsibility for our clients seriously, we screen all applicant thoroughly. We require the submission of two personal and/or professional references, a criminal record check and an EBRC Confidentiality Statement signature for all positions. Consent of referees must be attained prior to submission. All information gathered will be kept in strictest confidence. While we try to place candidates, East Beaches Resource Centre reserves the right to reject any applicant.

I consent to the gathering of this information for the sole purpose of contact and placement as a volunteer for the East Beaches Resource Centre. I also verify that all of the above information provided is true and complete. I hereby authorize the EBRC – Community Resource Coordinator to contact the above-named references to ascertain my suitability as a volunteer.

Signature: _____ **Date:** _____