|  |  |
| --- | --- |
| Volunteer Application | Renascent_Logo-RGB-web.jpg |

## My Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, Province, Postal Code |  |
| Home Phone |  |
| Work Phone |  |
| Email Address |  |

## My Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## My Personal Interests

### In which areas you are interested in volunteering?

|  |
| --- |
| Sullivan House Addictions Counselling  Administration  |
| Munro House Peer Support Outreach  |
| Punanai House Continuing Care Family Program  |
| Wright Center  Maintenance  Children’s Program  |
| Client Care Access & Engagement  Fundraising  |

## My Personal Lived Experience with Recovery

|  |  |  |
| --- | --- | --- |
|  Myself | Family Member/ Loved One  | None  |

##  My Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## My Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
|  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### As per the Ontario Human Rights Code, Renascent offers equal treatment with respect to employment without discrimination or harassment because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

**For office use only**

**Location**: ****Wright Ctr. ****Munro Ctr. ****Punanai Ctr. ****P.J. Sullivan Ctr.

**Date Started**: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Date Completed**: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

 dd / mm / yyyy dd / mm / yyyy

Emergency Contact/Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_