



Volunteer Application Form

Name	Date
Address	City
Postal Code	Mobile Phone
Email	Home Phone

My Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/>	Weekday mornings	<input type="checkbox"/>	Weekend mornings
<input type="checkbox"/>	Weekday afternoons	<input type="checkbox"/>	Weekend afternoons
<input type="checkbox"/>	Weekday evenings	<input type="checkbox"/>	Weekend evenings

My Personal Interests

In which areas are you interested in volunteering?

<input type="checkbox"/>	Addictions	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Counselling
<input type="checkbox"/>	Continuing Care	<input type="checkbox"/>	Client Care Access & Engagement	<input type="checkbox"/>	Children's Program
<input type="checkbox"/>	Family Program	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Peer Support
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Madison Centre
<input type="checkbox"/>	Munro Centre	<input type="checkbox"/>	Sullivan Centre	<input type="checkbox"/>	Wright Centre

My Personal Lived Experience with Recovery

<input type="checkbox"/>	Myself	<input type="checkbox"/>	Family Member/Loved One	<input type="checkbox"/>	None
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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.



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My Previous Volunteer Experience

Summarize your previous volunteer experience.

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My Previous Volunteer Experience

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. ☐ Madison Ctr. ☐ P.J. Sullivan Ctr.

Date Started: ____/____/____ Date Completed: ____/____/____
dd / mm / yyyy dd / mm / yyyy

Emergency Contact/Next of Kin: _____

Relationship: _____

Phone #: _____ Alternate #: _____