



# 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
--------------------------	--------	--------------------------	-------------------------	--------------------------	------

## 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.



# Volunteer Application Form

## My Previous Volunteer Experience

Summarize your previous volunteer experience.

--

## 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:	<input type="checkbox"/> Wright Ctr.	<input type="checkbox"/> Munro Ctr.	<input type="checkbox"/> Madison Ctr.	<input type="checkbox"/> P.J. Sullivan Ctr.
Date Started:	____/____/____	Date Completed:	____/____/____	
	dd / mm / yyyy		dd / mm / yyyy	
Emergency Contact/Next of Kin:	_____			
Relationship:	_____			
Phone #:	_____	Alternate #:	_____	