

# VOLUNTEER APPLICATION FORM

## Ina Grafton Gage Home

40 Bell Estate Road  
Toronto, Ont. M1L 0E2  
416-422-4890 Ext. 229  
Fax: 416-422-1613

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month/day/year)

### **BACKGROUND:**

Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where do you study? \_\_\_\_\_

Are you retired? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you work outside the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Current Position: \_\_\_\_\_

### **VOLUNTEER EXPERIENCE:**

Have you volunteered before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? Please provide the following information:

Name of Organization: \_\_\_\_\_ Tel.: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Duration of volunteer work:  Less than 6 months  6 to 12 months  12 months +

What languages are you comfortable with? 

	Speak	Read	Write
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1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When are you available to volunteer? Check all that apply:

Mon.  Tues.  Wed.  Thurs.  Fri.

Mornings  Afternoons  Evenings  Weekends

Are you interested in volunteering?

On a regular basis:  Yes  No

One Time Only:  Yes  No

For Special Events:  Yes  No

What types of activities are you interested in?

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> Gardening  | <input type="checkbox"/> Restorative Assistant |
| <input type="checkbox"/> Arts / Crafts          | <input type="checkbox"/> Exercise Group     | <input type="checkbox"/> Gift Shop  | <input type="checkbox"/> Pet Visits            |
| <input type="checkbox"/> Assistant Cleaner      | <input type="checkbox"/> Feeding Assistance | <input type="checkbox"/> Library    | <input type="checkbox"/> Sewing                |
| <input type="checkbox"/> Beauty Salon Assistant | <input type="checkbox"/> Friendly Visiting  | <input type="checkbox"/> Movies     | <input type="checkbox"/> Sing Song             |
| <input type="checkbox"/> Bingo                  | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Special Events        |
| <input type="checkbox"/> Community Escort       | <input type="checkbox"/> Games              | <input type="checkbox"/> Outings    | <input type="checkbox"/> Sunday Liturgy        |

What type of skills and interests do you hope to bring into you volunteer experience? \_\_\_\_\_

What are your reasons for volunteering, and what would you like to get out of this experience? \_\_\_\_\_

Do you have Health/Special Needs that you would like us to be aware of? Please specify. \_\_\_\_\_

**EMPLOYMENT/REFERENCE HISTORY:** (3 references other than family)

1. Name of Employer: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanour? Yes \_\_\_\_\_ No \_\_\_\_\_

(A "Yes" answer is not an automatic bar to placement, but an untrue statement will disqualify you.)

Have you ever been convicted of a criminal offence for which a pardon has not been granted? \_\_\_\_\_

**CONSENT**

- I hereby certify that all statements made in this application are true, and I authorize all matters contained in this application.
- Here at Ina Grafton Gage Home we require that you have a police reference check. This also requires us to check references.
- I understand that it is the policy of Ina Grafton Gage Home of the city of Toronto to preserve the right to equal opportunity for all persons.
- By submitting this application, I agree to adhere and uphold all the policies and regulations of the Home.

Signature of Applicant: (Full Name): \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian (if volunteer is a minor): \_\_\_\_\_