



## VOLUNTEER APPLICATION FORM

**NOTICE RE CONFIDENTIALITY. The information on this form will be used solely for the purpose of volunteer placement, screening and safety. The information provided will be treated in a confidential manner and not disclosed for purposes other than the operation of the Canadian Association for Participatory Development.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Volunteer position you are applying for: \_\_\_\_\_

Your Volunteer Commitment: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

### Personal Information

Interests/Hobbies/Special Skills:

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Languages spoken other than English: \_\_\_\_\_

### Educational Information

High School       University       Technical College

Occupation: \_\_\_\_\_

### Previous Volunteer or Professional Experiences:

State volunteer and/or professional experiences you have had in Canada or overseas:

1. Date (from/to): \_\_\_\_\_ Location: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Main assignments/activity: \_\_\_\_\_

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2. Date (from/to): \_\_\_\_\_ Location: \_\_\_\_\_



Institution/Organization: \_\_\_\_\_

Main assignments/activity: \_\_\_\_\_

**References:**

Please provide one references from your employment or volunteer experience.

Contact Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Company or Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide one reference from a family member.

Contact Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Company or Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**I certify that the above information is accurate and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE INFORMATION**

Interview Date: \_\_\_\_\_ Risk Level of Position: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Handbook Read: Yes  No  Date: \_\_\_\_\_

Confidentiality Form Signed: Yes  No  Date: \_\_\_\_\_