## APPENDIX #1 - VOLUNTEER APPLICATION FORM



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| PERSONAL INFORMATION | |
| Last Name: | First Name: |
| Address: | Home Phone Number: |
| Occupation: | Employer: |
| Work Phone Number: | Email Address: |
| EDUCATION/TRAINING | |
| High School Grade: | College/University:  Other (specify): |
| SKILLS | |
| If you speak any languages other than English, please list them: | |
| Do you hold a valid driver’s license? Yes [ ] No [ ] | |
| What skills do you have that would benefit the Vaughan Community Health Centre? | |
| VOLUNTEER EXPERIENCE | |
| Are you currently volunteering anywhere? Yes [ ] No [ ] | |
| Have you had previous experience as a volunteer? Yes [ ] No [ ] | |
| If **yes**, list organizations and type or work (or provide a separate resume): | |
| AVAILABILITY | |
| How many hours are you willing to volunteer in a typical week? \_\_\_\_\_\_\_\_\_\_\_\_\_ hours | |
| Frequency (please circle your availability):   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **MONDAY** | **TUESDAY** | **WENESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | | MORNING | MORNING | MORNING | MORNING | MORNING | MORNING | | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | | EVENING | EVENING | EVENING | EVENING | EVENING | EVENING | | |
|  | |
| COMMITMENT | |
| Will you make a one-year volunteer commitment with us? Yes [ ] No [ ] | |
| Will you complete the required training? Yes [ ] No [ ] | |
| Will you attend volunteer training and update sessions? Yes [ ] No [ ]  Successful candidates must:   * If over the age of 19, provide a negative Vulnerable Sector Screening. * Provide a record of Tuberculosis status and immunity to vaccine preventable diseases (tetanus, diphtheria, measles, rubella, poliomyelitis, peruses) | |
| Do you expect any changes to your personal circumstances over the coming year that would affect your commitment to this program? If yes, please explain. | |
| Why have you chosen to volunteer with us at the Vaughan Community Health Centre and what would you like to gain from this experience? | |
| Do you have any other expectations regarding volunteering with us at the Vaughan Community Health Centre? | |
| Is there any other information you would like to provide? | |
| All volunteers must provide the following documents prior or within the 2 weeks of starting their placement at the VCHC. Please see the requirements below:     |  |  | | --- | --- | | **Document** | **Submission Process and Timelines** | | Vulnerable Sector Screening Check (less than 6 months old) | Volunteer over the age of 19 must submit a Vulnerable Sector Screening Check (VSSC) within 2 weeks of orientation.  The VSSC to be submitted to the Volunteer Coordinator in a sealed envelope. | | Proof of Negative Tuberculosis Status and proof of immunity to preventable diseases | To be submitted within the first 2 weeks of placement or earlier if available (see Appendix 14) | | 2 completed professional reference forms and/or reference letters | Volunteer to provide references names, relation and contact information on the Volunteer Application form.  Reference checks will be conducted by the Volunteer Coordinator after the interview. | | |
| **We would like to contact two professional references—your direct supervisor, teacher or professor. Please provide two references below**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of Applicant: Date: | |

**Please send the required documents to the Volunteer Coordinator:**

Vaughan Community Health Centre

9401 Jane Street, Suite 206

Vaughan, Ontario • L6A 4H7 Phone: -905-303-8490 • Fax: 905-303-0093

Website: www.vaughanchc.com

E: info@vaughanchc.com

While applications are preferred via email, you are welcome to apply by fax, mail or in person.

Accommodation will be provided in accordance with the Ontario Human Rights Code. If you need accommodation during the acceptance process, please contact us at 905-303-8490 to provide your contact information. We thank all candidates in advance for their interest, however, only those selected for an interview will be contacted.

**Thank you for your interest in VCHC!**