

## **VOLUNTEER APPLICATION FORM**

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

Postal Code:    mail:	City/ Town:  Postal Code:  Email:  Home Phone:  Cell Phone:  Emergency Contact:  Emergency Phone:  Relationship to Emergency Contact:  AVAILABILITY  Please check all that apply:  Monday Tuesday Wednesday Thursday Friday Saturday Sunday  Morning Morning Morning Morning Morning Morning Morning  Afternoon Afternoon Afternoon Afternoon Afternoon  Evening Evening Evening Evening Evening  Weekend Weekend Weekend Weekend Weekend  PLACEMENT PREFERENCES  Position(s) Interested In (Please check all that apply):  Administrative Assistant  Board of Directors  Classroom Assistant	lame:			Address:				
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Weekend Weekend Weekend Weekend Weekend  **PLACEMENT PREFERENCES**  **Position(s) Interested In (Please check all that apply):  Administrative Assistant  Board of Directors  Classroom Assistant  Special Event Volunteer (Casino, Literacy Backpack Day, Oilers 50/50, Christmas Hampers)	Weekend   Weekend   Weekend   Weekend   Weekend   Weekend     PLACEMENT PREFERENCES   Position(s) Interested In (Please check all that apply):   Administrative Assistant   Board of Directors   Classroom Assistant   Special Event Volunteer (Casino, Literacy Backpack Day, Oilers 50/50, Christmas Hampers)	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon			
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o better understand your skills & personal interests, please provide the following information: anguage(s) spoken:	Education and training:	PLACEMENT PR Position(s) Inter	rested In (Please chestrative Assistant of Directors om Assistant Event Volunteer (Cant to volunteer with the volunteer with stand your skills & oken:	eck all that apply): asino, Literacy Back h ABC Head Start?_ personal interests,	please provide the	/50, Christmas Ham			

Information about yourself you would lik	e to share: (health concerns, special interests, hobbies, skills, etc.)
Previous Volunteer Experience:	
FORMS & INFORMATION CHECK	
Due to the nature of our volunteer positi	ons, ABC Head Start Society may require the following information checks to
be conducted:	
Criminal Record Check	
2. Intervention Record Check	
Media Release Check     Confidentiality Form	
<ul><li>4. Confidentiality Form</li><li>5. Position Description</li></ul>	
•	formation to determine your suitability for particular types of volunteer
The fredd Start will only use the above if	ionnation to determine your suitability for particular types of volunteer
work. All such information will be kept co	onfidential.
Do you consent to receive commercial el	ectronic messages from ABC Head Start Society?
[]	
YES U NO U	
CHARACTER REFERENCE	
References: Due to the nature of our w	ork we require all volunteers provide two character references.
Name:	Relationship to You:
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Phone Number:	Email:
Name:	Relationship to You:
Dhana Numbari	Fmaile
Phone Number:	Email:
By signing below, I guarantee that all the	above information is correct.
Signature	Date
OFFICE USE ONLY	
	e Update on
0 (1)	e Update on
Confidentiality	
Media Release Information Sheet	
Information Sheet Position Description	
1 OSIGOTI Description	